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ABSTRACT

This report describes and evaluates the second year (1982-83) of the Teenage Pregnancy and Parenting Project (TAPP) of San Francisco. The goals of this project, described in an introductory summary, are to improve maternal and child health, increase school enrollment for pregnant teenagers, increase the involvement of young fathers with their infants, reduce the rate of subsequent unwanted births, and increase the involvement of families. The evaluation findings are divided into three sections: an analysis of client data, a survey of a random sample of TAPP clients, and a survey of providers who referred clients to TAPP. General program success is described in each of these areas. It is reported that the average weight of babies born to TAPP mothers was above the average for San Francisco newborns, that the repeat birth rate for TAPP clients was very low, and that school dropout rates were much lower than the national dropout rate for teen mothers. Moreover, according to the statistics presented, the majority of clients and providers felt their expectations of the program had been fulfilled. (Thirty-seven statistical tables are provided in this report.) (KH)

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Evaluation of the Teenage Pregnancy
and Parenting (TAPP) Project, Family Service
Agency of San Francisco
October 1, 1982-September 30, 1983

Submitted to the Office of Adolescent
Pregnancy Programs, Department of Health
and Human Services, Washington, D.C.

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1984

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Teenage Pregnancy and Parenting Project (TAPP)

Program Summary

TAPP is a city-wide inter-agency service system coordinated by the City's Family Service Agency and Unified School District. The primary site co-locates these agencies plus the Department of Social Services, Department of Public Health, Children's Home Society, and Florence Crittenton Services.

I. Multi-Track Service System

Clients participate in one of four pre- or post- natal service systems (tracks). The primary site provides all health, education and social services. The Continuous Counselor assures that clients in a partial single site or off-site track (i.e., school dropout) also receive all essential services.

PRE-NATAL	POST-NATAL
Comprehensive Single Site	Comprehensive Single Site
1) Medical care and school at same site (SFGH/Hilltop; Mt. Zion/Mt. Zion)	1) School and daycare at single site: Sunshine/FDC Balboa/San Miguel Hilltop/E.W. Grady Nursery Mt. Zion St. Elizabeth
Partial Single Site	Partial Single Site
2) Medical care at SFGH or Mt. Zion; School off medical site: a. other school b. not in school c. graduated	2) School and daycare at separate sites: a. group daycare b. licensed family daycare c. unlicensed client arranged d. no daycare or Work and daycare as above
3) Medical care off-site; School at Hilltop or Mt. Zion	3) Daycare at one site; No school or work (i.e., temporary condition or client receiving respite care)
All Off-Site	All Off-Site
4) Medical care and school off SFGH and Mt. Zion sites: a. other school b. not in school c. graduated	4) No school and no daycare

II. Continuous Counseling

Continuous Counselors are the backbone of the TAPP Project. Their primary function is to provide personal and continuous case management to clients. They serve as primary contacts in order to personalize the relationship between client and service network, facilitate service delivery, and conduct follow up to ensure that services are received. The Continuous Counselor maintains a relationship with the client for up to three years or until the client is approximately nineteen years of age.

a. Information and Referral

An information and referral system is available to clients who are not eligible for the program. The TAPP intake person links these clients with appropriate community services, including the co-located agencies.

b. Families

The Continuous Counselor works closely with the extended family to provide the appropriate support for the adolescent. Extended family members also attend weekly support groups at TAPP.

c. Support Groups

Support groups are facilitated by the Continuous Counselor at the TAPP primary site and at three satellite sites: Balboa High School, Alamo Park Alternative High School, and Sunshine Alternative High School. Both pregnant teens and teen parents participate in these groups.

d. Fatherhood

An additional component ensures that young fathers receive comprehensive services with the Continuous Counselor providing case management. The Fatherhood Project uses a community worker and peer counselors who do outreach to young fathers. They receive the same services as the teen females. In addition, the Fatherhood Project addresses removal of barriers (health, school, legal and social) that prevent young fathers from receiving services that enhance their fathering capabilities.

III. Innovative Coordination Components

a. Co-location

At the TAPP primary site, clients in all tracks receive a spectrum of services provided by workers from both public and private agencies:

1. Education - Hilltop Special Service Center

   The SFUSD Hilltop program is part of the comprehensive single site. It provides all courses necessary for high school graduation. Support groups and other ancillary classes (nutrition, health education, child development, consumer and career education) are available to Hilltop students and other TAPP clients. Elaine Wolfe Grady Nursery provides infant daycare for 13 infants.

2. Public Health Nurses

   The Public Health Nurse co-located at TAPP one and a half days each week, ensures that all clients are referred to the appropriate home visiting Public Health Nurse and coordinates public health services with the Continuous Counselor.

3. Department of Social Services

   The TAPP Co-locator from the Department of Social Services (DSS) functions as consultant and coordinator to staff and provides services to clients, including participating in joint home visits with the Continuous Counselors. The Co-locator is at TAPP one day per week.

4. Nutrition Services

   The TAPP Nutritionist is on-site one and a half days per week. She provides individual nutrition counseling and assessment and nutrition classes at the primary site. TAPP clients and their families shop weekly at the Mini-Market. This is part of the nutrition and consumer education component.

5. Adoption

   The Children's Home Society (CHS) Co-locator provides individual and group counseling to clients and consultation and training to staff.

6. Florence Crittenton Services

   A Co-locator from Florence Crittenton Services is at the TAPP primary site one-half day each week. She consults regularly with the counselors and is a resource for maternity home information and referral.

7. Psychiatric Consultant

   Our psychiatric consultant provides mental health consultation to staff and assessment and therapy to clients and their families.

b. Liaison Relationships

Continuous Counselors provide liaison relationships on an ongoing basis to both health and education sites, where a large portion of TAPP clients are served. Currently, the liaison sites are:

1. Mt. Zion Special Service Center

A Continuous Counselor meets regularly with Mt. Zion staff to coordinate services to TAPP clients attending Mt. Zion school.

2. Teen OB Clinic/SFGH

A total of 10 to 12 clients at San Francisco General Hospital Teen OB Clinic are seen weekly and assessed for enrollment in TAPP. Ongoing counseling is provided to all TAPP clients by the Counselor at the clinic. Liaison with clinic staff includes participation in the weekly case reviews.

3. Teen Well Baby Clinic/SFGH

The TAPP liaison to the San Francisco General Hospital Teen Well Baby Clinic participates in weekly case review meetings and shares information between Continuous Counselors and the social service and health providers.

c. Satellite Sites - School and Infant Daycare Support Services

TAPP is currently providing services at three high schools which have a high percentage of teen parents. These services include: 1) co-facilitating teen parent support groups; 2) counseling pregnant teens and teen parents; and 3) coordinating TAPP services with site staff. Liaison functions are usually provided by Continuous Counselors.

1. Balboa High School/San Miguel Parent Infant Program

There are approximately 50 teen parents enrolled at Balboa and 14 daycare slots in the Infant Center. The TAPP Community Outreach Worker and a Balboa School Counselor/Social Worker co-facilitate a weekly teen parent support group. Fourteen teen parents (4 pre-natal and 10 post-natal) are currently enrolled in this group. The TAPP liaison enrolls new clients, does classroom presentations and maintains coordination with the San Miguel Infant Center.

2. Alamo Park High School

The TAPP liaison co-facilitates a teen parent support group with the School Counselor and a Public Health Nurse. The group meets weekly with 10 teens (2 pre-natal and 8 post-natal). Students participating in this group/class earn 5 semester credits. The TAPP liaison coordinates other TAPP services to approximately 12 clients enrolled in the school.

3. Sunshine High School/Family Developmental Center

The TAPP liaison co-facilitates a weekly teen parent support group with the school's Career Counselor. There are currently 12 teen parents enrolled in the group/class and they earn 1 semester credit for every 10 sessions attended. In addition, the Counselor maintains weekly coordination with Family Developmental Center (FDC), an infant daycare program located in the same building. Out of 75 infant slots, teen parents use approximately 34. The TAPP liaison meets regularly with the FDC staff to review the 28 TAPP clients enrolled in the center and the status of the approximately 14 TAPP clients on the waiting list.

d. Network

1. Pregnant Teen and Teen Parent Network Meetings

Network meetings are held at TAPP twice a month. Both linkage agency staff and TAPP staff attend these meetings. The meetings are informal in nature, with presentations to promote awareness of the many needs of pregnant teens and teen parents and to provide updates on new programs, legislation and research issues.

2. San Francisco Perinatal Forum

As a member of the San Francisco Perinatal Forum, TAPP plays an active role in the Forum and in a variety of subcommittees of the Forum. This has strengthened our networking with perinatal providers in San Francisco and our program planning effectiveness.

e. Case Conferences

Another component of coordination is the interdisciplinary case conference, which is coordinated by the TAPP Continuous Counselors and includes staff from appropriate agencies serving the client. Clients and family members are routinely invited to participate in these conferences.

Number of clients served October 1, 1982 - September 30, 1983

a.	pregnant	329
b.	non-pregnant	5
c.	entry mother	102
d.	male	78
e.	infants	249
f.	extended family members	346
g.	information and referral	35
	TOTAL	1,490

Adoptions 3

Teenage Pregnancy and Parenting Program (T.A.P.P.) - San Francisco

City-wide Multi-Track Service System

	Comprehensive Single Site	Partial Single Site		Off-Site
PRE-NATAL	TRACK I Medical care and school at same site (SFGH/Hilltop; Mt. Zion/Mt. Zion)	TRACK II Medical care at SFGH or Mt. Zion School off medical site: a. other school b. not in school c. graduated	TRACK III Medical care off-site School at Hilltop or Mt. Zion	TRACK IV Medical care and school off SFGH and Mt. Zion a. other school b. not in school c. graduated
POST-NATAL	School and day care at single site: Sunshine/FDC Balboa/San Miguel Hilltop/E.W. Grady Mt. Zion St. Elizabeth's	1. School and daycare at separate sites: a. group daycare b. licensed family daycare c. unlicensed client arranged d. no daycare 2. work; daycare as above	Daycare at one site and no school or work (i.e., temporary condition or client receiving respite care)	No school and no daycare

On-site services available to all Tracks through Co-locators (Family Service Agency of San Francisco, San Francisco Department of Social Services, San Francisco Public Health Department, San Francisco Unified School District, Children's Home Society, Florence Crittenton Services):

- Classes in Nutrition, Child Development, Career Development, Consumer Education, Childbirth Preparation, Health Education and Support Groups
- Adoption Counseling and Referral
- Nutrition Counseling and Assessment
- Mental Health Consultation/Therapy
- Career Counseling and Assessment
- Child Development Assessment and Counseling
- Department of Social Services Counseling
- Public Health Nurse Home Visiting Program

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Each client is assigned a Continuous Counselor (personalized case management) who assures that all core and supplemental services are available to all clients. The Counselor maintains a case management relationship for up to 3 years, or until the client is approximately nineteen years of age.

EXECUTIVE SUMMARY

The following evaluation of the second year (1982-83) of the Teenage Pregnancy and Parenting (TAPP) Project is divided into three sections: an analysis of client data, a survey of providers who referred clients to TAPP, and a survey of a random sample of TAPP clients. Summaries of findings are presented below. Readers are referred to the text of the evaluation for more detailed discussion of specific points.

The TAPP Project

A. Goals

The TAPP Project's goals include:

- o improving maternal and child health for teenage mothers (including reducing the incidence of low birthweight infants),
- o increasing school enrollment for pregnant teenagers and teenage parents,
- o increasing the involvement of young fathers with their infants,
- o reducing the rate of subsequent unwanted or unintended births to teenage parents, and
- o increasing the involvement of families.

B. The TAPP Client Population and TAPP Services

The Project serves young women and men residing in San Francisco. Each client receives counseling for up to three years. Data are collected on "pregnant" clients and "expectant fathers" at entry, at delivery, and when the

infant is six months, one year, two years, and three years old. For "entry mothers" and "entry fathers," clients who are already parents, data are collected at entry and when the infant is six months, one year, two years, and three years old. For "other female teens" and "other males," clients who do not have infants but are receiving counseling and other services through TAPP, data are collected at entry, at pregnancy outcome (if a pregnancy occurs), and at six-month, one-year, two-year, and three-year followups.

Beginning with their entry into TAPP, clients select the health and educational services most appropriate to their needs. For the purpose of analysis, TAPP describes these combinations of services as Tracks. All services are coordinated through a case manager who works with each client. During pregnancy, clients may receive all of their services (especially health and education) at a single site or they may be referred by their case manager to different sites for these services. These represent different "Tracks" for the client (see Figure 1). After delivery, Tracks refer to child care and either education or employment, and whether they are single site or partial site (see Figure 2).

Figure 1

PRE-NATAL TRACKS
(Determined at Delivery)

	Health		Education		
Track	SFGH	Off-site	SFGH (Hilltop)	Off-site	None
1	X		X		
2A	X			X	
2B	X				X
2C	X				grad
3		X	X		
4A		X		X	
4B		X			X
4C		X			grad

Figure 2

POST-PARTUM TRACKS

	Daycare			Education/Employment		
Track	Same Site	Diff. Site	None	In School	Working	Not in school or working
1	X			X		
2A		X		X		
2B		X			X	
3A		X				dropped-out
3B		X				graduated
4			X			X
5A			no baby	X		
5B			no baby		X	
5C			no baby			X

Summary of Findings

A. Units of Service

Units of services (psychosocial counseling, health education, nutrition, career development, and child development) are calculated for each TAPP client at delivery and at six months, one-year, two-year, and three-year followup. Each unit is equivalent to 15 minutes of time. At delivery, TAPP clients averaged 7.75 hours of psychosocial counseling, three hours of health education, 3.25 hours of nutrition counseling, 2.25 hours of career counseling, and one hour of child development (Table 21).

When compared by Track, clients who attended school on-site at San Francisco General Hospital (at Hilltop Special Service Center) generally had higher average units of service than clients who attended school off-site or had dropped out of school (compare Tracks 1 and 3 with Tracks 2 and 4, Table 23). Having a school base to work from may have facilitated the delivery of comprehensive services.

B. Outcome Measures: Birthweight, Repeat Births, Education

(1) In 1982-83 TAPP accepted 322 new clients. This brought the total client population to 566. Sixty-five percent of new clients were pregnant female teenagers, 15 percent were mothers at entry into the program, 12 percent expectant fathers, seven percent were fathers at entry, and one percent other males and other female teenagers (Table 1). Among the new clients, 66 were male and 256 were female. New clients ranged in age from 12 years of age to 18 years of age and older. The majority (74 percent) were 15, 16, or 17 years old (Table 2). Two hundred forty-seven (77 percent) of new clients were black or Hispanic (Hispanic white), 27 (eight percent) were white

(non-Hispanic), 24 (seven percent) were Filipino, and 24 (eight percent) were of other ethnicity. The latter category included nine Southeast Asian clients, four American Indians, and two Chinese. There were no Japanese clients (Table 3). One hundred seventy-four clients (54 percent) were enrolled in school at entry (or had graduated) and 146 (45 percent) had dropped out. Forty-seven (15 percent) were employed and 274 (85 percent) were unemployed. One hundred twenty-nine (40 percent) of clients were receiving some form of public assistance at entry (Tables 8, 10, and 11). One hundred thirty-six clients exited during 1982-83. One hundred twelve of these exited clients had entered the program during 1982-83 (Table 16). Most clients (38 percent) were considered to have exited because after repeated attempts at contact they could not be located by TAPP counselors.

(2) Among the 208 pregnant clients, 112 delivered a normal baby during the year, one delivered a baby with a minor congenital malformation, and one with major congenital malformations. There were no perinatal or maternal deaths (Table 21).

(3) Among the 114 births, there were ten infants (8.7 percent) that weighed less than 2500 grams (low birthweight) (Tables 22 and 24). This is well below the 14 percent low birthweight infants for teenagers aged 14 to 17 in San Francisco who were not TAPP clients. This is also lower than the nationally reported rate of 11 percent low birthweight infants for adolescents younger than 18 years (Children's Defense Budget, 1983). The comparison of the TAPP clients with other teenagers in San Francisco is important because it illustrates the potential benefit of the TAPP approach in improving pregnancy outcomes for low birthweight infants, an area that has been particularly difficult to improve by means of traditional prenatal care. The comparison is

also important because the TAPP clientele includes school dropouts, with whom interventions have traditionally been difficult, as well as teens enrolled in school.

Two hundred twenty-seven (227) infants were born to San Francisco adolescents ages 14 to 17 years of age in 1982-83. Ninety (90) of the adolescents, or 40 percent, were TAPP clients, and 137 (60 percent) were not TAPP clients. In all, 26 low birthweight infants were born to this 14-to-17 year age group. Seven of these infants were to the 90 TAPP clients (7.7 percent of TAPP teenagers aged 14-17 had a low birthweight infant). The remaining 19 low birthweight births were to the 137 teenagers who were not TAPP clients (14 percent of births to teenagers aged 14-17 who were not in TAPP had a low birthweight infant) (Diagram 1). There were no "very low birthweight" (less than 1500 grams) infants at TAPP, compared to three for the adolescents 14-17 who were not TAPP clients.

Diagram 1
Comparative Rates of Low Birthweight Infants

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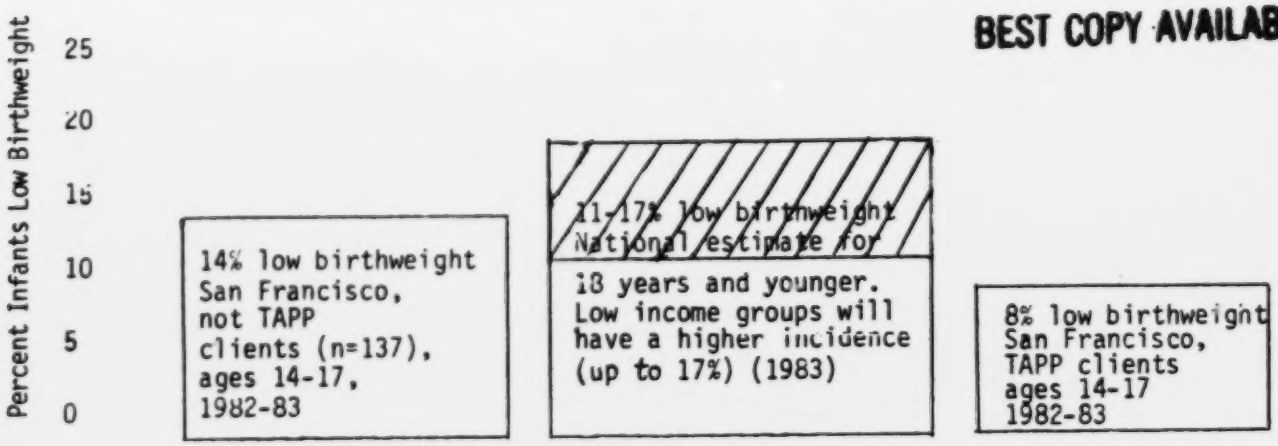
Percent Infants Low Birthweight
25
20
15
10
5
0
14% low birthweight San Francisco, not TAPP clients (n=137), ages 14-17, 1982-83
11-17% low birthweight National estimate for 18 years and younger. Low income groups will have a higher incidence (up to 17%) (1983)
8% low birthweight San Francisco, TAPP clients ages 14-17 1982-83

Although the numbers are small at present, it is useful to compare birthweight outcomes within the Tracks of the TAPP program. The results are shown in Diagram 2. No low birthweight infants were born to the 19 clients in Track 1. These were clients who received both their health care and their education at a single site, San Francisco General Hospital. Four low birthweight infants were born to the 32 clients in Track 2; these clients also receive their health care at SFGH. No low birthweight infants were born to clients in Track 3, clients who attend school at SFGH or Mt. Zion Hospital and receive health care at locations other than these hospitals. Six low birthweight infants were born to the 27 clients in Track 4, who receive both education and health care off-site from SFGH.

Diagram 2

Low Birthweights by Track, TAPP Project, 1982-83

Track	1	2	3	4	Totals
Low Birthweights	0	4	0	6	10
Total Live Births	19	32	36	27	114
Percentages	0%	12.5%	0%	22.2%	8.8%

(4) The repeat birth rate for TAPP clients has been very low. During 1982-83 there were three repeat births to TAPP clients, two of whom were in Track 2 and one in Track 3. Repeat births by client and infant status were as shown below in Diagram 3.

Diagram 3

Repeat Births by Client and Infant Status, TAPP Project, 1982-83

Post-Partum Status	1 yr.	2 yrs.	3 yrs.	Exit	Total
Repeat Births	1	0	1	1*	3
Total Female Clients	73	6	3	121	203
Percentages	1.3%	0%	33%	1%	1.5%

*Client exited between 2-3 yrs. post-partum status.

(5) At entry into TAPP, 140 (55 percent) of new female TAPP clients were attending schools or had graduated (Table 8). By the time their baby was delivered, 78 (68 percent) of male and female clients were attending school, or had graduated (Table 26). Seventy-seven female clients (68 percent) were attending school at delivery; only 32 percent had dropped out. At six months after delivery, 78 female TAPP clients (62 percent) were still attending school, or had graduated (Table 34). At one year follow-up, 56 female follow-up clients (67 percent) were in school or had graduated. These figures contrast sharply with national figures estimating that only 20 percent of pregnant teenagers remain in school, while 80 percent drop out of school and never return after delivery of their babies (AGI, 1976) (Diagram 4).

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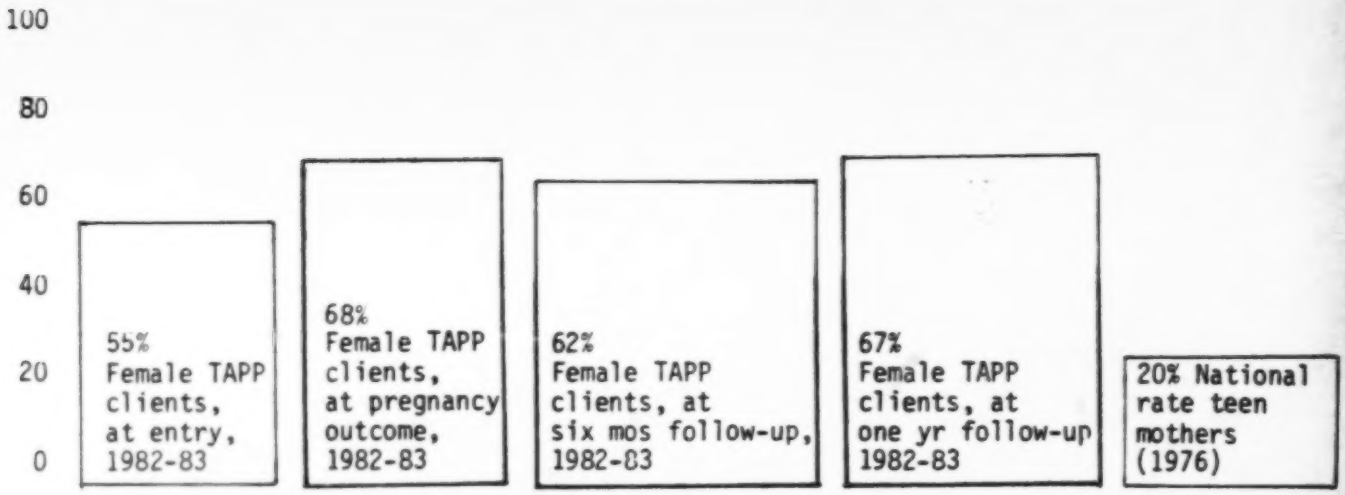
Diagram 4

Comparative School Enrollment Rates, TAPP versus National Rates


100
80
60
40
20
0
55% Female TAPP clients, at entry, 1982-83
68% Female TAPP clients, at pregnancy outcome, 1982-83
62% Female TAPP clients, at six mos follow-up, 1982-83
67% Female TAPP clients, at one yr follow-up 1982-83
20% National rate teen mothers (1976)

(6) Overall, judging from client outcome data TAPP has continued to progress since 1981-82 in meeting its primary program goals and in demonstrating the value of a community based, conprehensive approach to teenage pregnancy and parenting.

C. Client Satisfaction Survey

A survey of 57 teenagers participating in the TAPP project was conducted in order to include the client's perspective in the evaluation. Both in-person and telephone interviews were utilized. Included in the survey were questions regarding which services were perceived to be the most helpful, information about the frequency of contact the client had with her counselor, if and how that relationship had been helpful, and information about general satisfaction with the services received.

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The teenaged clients interviewed were very satisfied with the TAPP services. Ninety-one percent of those interviewed were either "very" or "mostly" satisfied. Only nine percent stated that they were "just a little satisfied." Aspects of the program selected by the teen clients as the most helpful were, "Being with other people who are going through the same experience" and "Learning about parenting and child development."

D. Provider Survey

A telephone survey of 42 providers who referred clients to the TAPP project was conducted in order to obtain providers' perceptions about both the successes of the project and areas in need of improvement. Interviews with providers concentrated on coordination of services in the community, TAPP's feedback to providers, outreach to community agencies, and success in meeting the needs of the teen client population. The survey included interviews with nurses, teachers, counselors, social workers, physicians, and child care workers.

The providers who were interviewed were very satisfied with the TAPP project as a source of care for pregnant teenagers. One hundred percent of the providers reported that they would recommend this program to other clients. Seventy-three percent of the providers felt that their expectations of the program had been fulfilled, twelve percent felt they had not been, and the remaining fifteen percent lacked enough familiarity with the program to evaluate this aspect. Providers emphasized the comprehensive approach and TAPP's commitment to school continuation as the greatest strengths of the program.

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PART I

Section 1

CLIENT DEMOGRAPHICS AT ENTRY, 1982 - 83

Entry Status and Age

In 1982-83 TAPP enrolled 322 new clients, bringing the total enrollment since the inception of the program (October, 1981) to 566. The largest group of new clients were pregnant teens (65 percent of clients), followed by entry mothers (15 percent) and expectant fathers (12 percent) (Table 1).

Compared to 1981-82, the proportion of 1982-83 clients entering as pregnant teens did not change significantly. However, there were significant changes in the proportions of both entry mothers and fathers. The proportion of clients who were entry mothers dropped, declining from 30 percent of entering clients in 1981-82 to 15 percent in 1982-83, while the proportion of male clients increased, rising from six percent in 1981-82 to 20 percent in 1982-83. The increase in male enrollment was primarily the result of the initiation in 1983 of the "Fatherhood Project," focused on teen fathers and expectant fathers.

The age range for entering clients in 1982-83 was from 12 years old to 18 and over (Table 2). Eighty-six percent of pregnant clients, and 85 percent of entry mothers, were 15, 16 or 17 years old. The great majority (70 percent) of entry mothers and pregnant teens were 16 or 17. Male clients were on the average older than the female clients. Eighty-five percent of male clients were 17, 18 or older, and 73 percent were 18 or older. Nine percent of female clients were very young teens (14 and under); there were no male clients in this age group.

TABLE 1. STATISTICAL PROFILE OF CLIENTS ENROLLED THROUGH SEPTEMBER 30, 1983

ENTRY STATUS	1982-83 Number and Percent	1981-82 Number and Percent
PREGNANT TEEN	208 (65%)	153 (63%)
ENTRY MOTHER	47 (15%)	73 (30%)
OTHER FEMALE TEEN	1 (-)	4 (2%)
MALE	n.a.*	14 (6%)
EXPECTANT FATHER	39 (12%)	n.a.
ENTRY FATHER	24 (7%)	n.a.
OTHER MALE	3 (1%)	n.a.
TOTAL	322 (100%)	244 (100%)

*- Not applicable.

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TABLE 2. AGE BY ENTRY STATUS, 1982 - 83

Entry Status	AGE 12	13	14	15	16	17	18	18+	Total
PREGNANT	1	2	16	32	61	86	10	-	208
ENTRY MOTHER	-	1	3	7	17	16	3	-	47
OTHER FEMALE TEEN	-	-	-	-	1	-	-	-	1
EXPECTANT FATHER	-	-	-	2	3	6	6	22	39
ENTRY FATHER	-	-	-	3	2	2	7	10	24
OTHER MALE	-	-	-	-	-	-	1	2	3
TOTAL	1 (<1%)	3 (1%)	19 (6%)	44 (14%)	84 (26%)	110 (34%)	27 (8%)	34 (11%)	322 (100%)

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Ethnicity and Language

The ethnic composition of TAPP clients changed very little from 1981-82 to 1982-83. Seventy-seven percent of clients entering in 1982-83 were black or Hispanic (Hispanic white) (Table 3). This was consistent with 1981-82, in which 75 percent were black or Hispanic. Eight percent of 1982-83 clients were white (non-Hispanic), seven percent were Filipino, one percent American Indian and seven percent of other backgrounds, including South East Asian, Chinese and Samoan. As in 1981-82, there were very few Chinese clients, and none of Japanese background. The ethnic mix of TAPP's clients matched the low income ethnic and racial minorities that have been identified as high risk teen pregnancy groups in San Francisco.

By participation status, the majority of clients in every category were Black, followed by Hispanic whites, whites (Filipinos were the third largest group in the case of expectant fathers), Filipinos and other groups.

English was the primary language for 64 percent of the 1982-83 TAPP clients. Nineteen percent spoke both English and Spanish and seven percent Spanish only. Among the other languages spoken were Cantonese, Thai and numerous South East Asian languages (Table 4).

TABLE 3. ETHNIC DISTRIBUTION BY ENTRY STATUS, 1982 - 83

Status	Black	Hisp. White	Whites Not Hisp.	Filipino	Amer. Indian	Chinese	Japanese	South East Asian	Other	Total
PREGNANT	99	60	21	13	4	1	-	5	5	208
ENTRY MOTHER	25	13	2	4	-	-	-	1	2	47
OTHER FEMALE TEEN	-	1	-	-	-	-	-	-	-	1
EXPECTANT FATHER	13	12	4	6	-	1	-	2	1	39
ENTRY FATHER	14	7	-	1	-	-	-	1	1	24
OTHER MALE	-	3	-	-	-	-	-	-	-	3
TOTAL	151 (47%)	96 (30%)	27 (8%)	24 (7%)	4 (1%)	2 (1%)	0 (0%)	9 (3%)	9 (3%)	322 (100%)

TABLE 4. LANGUAGE SPOKEN BY ENTRY STATUS, 1982 - 83

	English	English and Spanish	Spanish	Other	Total
PREGNANT	139	38	14	17	208
ENTRY MOTHER	30	7	5	5	47
OTHER FEMALE TEEN	1	-	-	-	1
EXPECTANT FATHER	20	8	3	8	39
ENTRY FATHER	16	6	-	2	24
OTHER MALE	-	3	-	-	3
TOTAL	206 (64%)	62 (19%)	22 (7%)	32 (10%)	322 (100%)

Marital Status, Living Arrangements and Previous Pregnancies

At entry, 89 percent of TAPP clients were single, 10 percent were married, and one percent were divorced or separated (Table 5). Sixty-one percent of the clients lived with their parents, 11 percent with a partner to whom they were not married, seven percent with a spouse, two percent alone and 19 percent in some other living arrangement (Table 6).

In all categories, with the exception of the small group of "other males," at least 50 percent of clients lived with their parents. The range was from 50 percent for entry fathers to 66 percent for pregnant teens (Table 6).

Sixty-three clients (20 percent) had had one or more previous pregnancies. Fifty of these 63 clients (79 percent) had been pregnant once before, 17 percent twice before and one client (two percent) three times before (Table 7). The client category with the highest percentage of previous pregnancies was the pregnant teens, of whom 48 (23 percent) had been pregnant at least once before. In contrast, five entry mothers (11 percent) had experienced a previous pregnancy.

TABLE 5. MARITAL STATUS BY ENTRY STATUS, 1982 - 83

	Single	Married	Divorced	Separated	Total
PREGNANT	188	19	-	1	208
ENTRY MOTHER	40	5	-	2	47
OTHER FEMALE TEEN	1	-	-	-	1
EXPECTANT FATHER	33	5	-	1	39
ENTRY FATHER	22	2	-	-	24
OTHER MALE	2	-	1	-	3
TOTAL	286 (89%)	31 (10%)	1 (<1%)	4 (1%)	322 (100%)

TABLE 6. LIVING ARRANGEMENTS BY ENTRY STATUS, 1982 - 83

	Parents	Spouse	Other Partner	Alone	Other	Total
PREGNANT	138	13	18	3	36	208
ENTRY MOTHER	25	4	4	1	13	47
OTHER FEMALE TEEN	1	-	-	-	-	1
EXPECTANT FATHER	21	4	7	2	5	39
ENTRY FATHER	12	-	3	2	7	24
OTHER MALE	1	-	2	-	-	3
TOTAL	198 (61%)	21 (7%)	34 (11%)	8 (2%)	61 (19%)	322 (100%)

TABLE 7. NUMBER OF PREVIOUS PREGNANCIES BY ENTRY STATUS, 1982 - 83

	None	One	Two	Three or More	Unknown	Total
PREGNANT	160	39	8	1	-	208
ENTRY MOTHER	42	3	2	-	-	47
OTHER FEMALE TEEN	1	-	-	-	-	1
EXPECTANT FATHER	31	6	1	-	1	39
ENTRY FATHER	23	1	-	-	-	24
OTHER MALE	2	1	-	-	-	3
TOTAL	259 (80%)	50 (16%)	11 (3%)	1 (<1%)	1 (<1%)	322 (100%)

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School Enrollment at Entry

At entry, slightly more than one-half of TAPP clients (54 percent) were attending school, or had graduated, while 45 percent had dropped out (Table 8). Attendance figures were much higher for pregnant teens than for entry mothers (55 percent of pregnant teens compared to 38 percent of entry mothers), which is consistent with the pressures against continuing, or returning to, school that a teenager is likely to experience once she has given birth.

Among male clients, about one-half (52 percent) were attending school at entry, or had graduated. Attendance and graduation were highest for expectant fathers and "other males."

Of the 146 clients who had already dropped out of school on entry into TAPP, 62 percent were 16 or 17, and almost two-thirds (73 percent) were 15, 16 or 17 years old (Table 9). Forty-six percent of these clients had been out of school less than six months, and 60 percent less than a year. Twenty percent had not attended school for one or more years. (The status of 20 percent of the clients was unknown.)

Focusing on the two largest categories of clients, pregnant teens and entry mothers, 56 percent of pregnant teens had been out of school less than six months at entry into TAPP, and 66 percent less than one year, while 48 percent of entry mothers had been out of school less than six months and 63 percent less than a year (Table 9A).

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TABLE 8. SCHOOL ENROLLMENT BY ENTRY STATUS, 1982 - 83

	Attending	Dropped Out	Graduated	Unknown	Total
PREGNANT	114	87	5	2	208
ENTRY MOTHER	18	27	2	-	47
OTHER FEMALE TEEN	1	-	-	-	1
EXPECTANT FATHER	12	16	11	-	39
ENTRY FATHER	7	15	2	-	24
OTHER MALE	2	1	-	-	3
TOTAL	154 (48%)	146 (45%)	20 (6%)	2 (1%)	322 (100%)

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TABLE 9. LENGTH OF TIME DROPPED OUT OF SCHOOL, BY AGE, ENTRY CLIENTS, 1982 - 83

Time Dropped Out	AGE						
	<14	14	15	16	17	18+	Total
<6 Months	1	6	7	26	20	7	67(46%)
6 Mos. - 1 Year	-	-	3	3	9	5	20(14%)
1 Yr. - 2 yrs.	-	-	-	6	8	3	17(12%)
2 Yrs. +	-	-	1	-	3	9	13(8%)
Unknown	-	1	6	5	10	7	29(20%)
Total	1 (1%)	7 (5%)	17 (12%)	40 (27%)	50 (34%)	31 (21%)	146 (100%)

TABLE 9A. LENGTH OF TIME DROPPED OUT OF SCHOOL, BY AGE, FOR PREGNANT AND ENTRY MOTHER CLIENTS, 1982 - 83

	PREGNANT						ENTRY MOTHER						
	14	15	16	17	18+	Total	< 14	14	15	16	17	18+	Total
< 6 Mos.	5	5	19	18	2	49 (56%)	1	1	2	7	1	1	13 (48%)
6 Mos. - 1 Yr.	-	2	1	6	-	9 (10%)	-	-	-	2	2	-	4 (15%)
1 Yr. - 2 Yrs.	-	-	5	6	-	11 (13%)	-	-	-	1	1	-	2 (7%)
2 Yrs.+	-	-	-	1	1	2 (2%)	-	-	1	-	2	-	3 (11%)
Unknown	1	4	4	7	-	16 (18%)	-	-	1	-	3	1	5 (19%)
Total	6	11	29	38	3	87 (100%)	1	1	4	10	9	2	27 (100%)

Employment and Welfare Status

At entry the majority of pregnant teens (90 percent) and entry mothers (96 percent) were unemployed (Table 10). This high figure would not be unexpected, given the fact that most of these clients were of school age or, if not in school, younger than 18 years old and unlikely to be regularly employed.

At entry, 39 percent of male clients were employed, and 61 percent unemployed.

Forty percent of all clients were receiving some form of public assistance at entry into TAPP (Table 11). Twenty-nine percent were receiving Aid to Families with Dependent Children (AFDC), 26 percent AFDC along with Medi-Cal and 11 percent Medi-Cal only. The greatest proportion of public assistance recipients were pregnant teens (45 percent receiving Medi-Cal and AFDC) and entry mothers (53 percent receiving Medi-Cal and AFDC). Of those female clients who were receiving AFDC, most were within their family's grant ("in grant" status) and were not receiving funds directly themselves ("payee" status); this was also true of the male clients who were receiving AFDC.

TABLE 10. EMPLOYMENT BY ENTRY STATUS, 1982 - 83

	Pregnant	Entry Mother	Other F. Teen	Expectant Father	Entry Father	Other Male	Total
EMPLOYED	19	2	-	17	8	1	47 (15%)
UNEMPLOYED	188	45	1	22	16	2	274 (85%)
UNKNOWN	1	-	-	-	-	-	1 (<1%)
TOTAL	208	47	1	39	24	3	322 (100%)

TABLE 11. WELFARE STATUS BY ENTRY STATUS, 1982 - 83

	Pregnant (n=208)	Entry Mother (n=47)	Other F. Teen (n=1)	Expectant Father (n=39)	Entry Father (n=24)	Other Male (n=3)	Total (n=322)
Medi-Cal Only	31	1	-	2	2	-	36 (11%)
Medi-Cal and AFDC	58	22	1	3	1	-	85 (26%)
AFDC/payee	11	6	-	-	-	-	17 (5%)
AFDC/in grant	45	12	1	3	3	-	64 (20%)
AFDC/nn Payee	6	6	-	-	-	-	12 (4%)
Total AFDC	62	24	1	3	3	-	93 (29%)
Total Receiving Welfare ("AFDC" & "Medical Only")	93	25	1	5	5	-	129 (40%)
Percent of Total Number in Entry Status	45%	53%	100%	13%	21%	-	

Dependency/Probation Status

Eighty-seven percent of clients had no dependency/probationary status (Table 12). Sixteen clients (five percent) were runaways or truants ("601" status), 13 clients (four percent) had had criminal convictions ("602" status), six clients (two percent) were dependents of the court ("300" status) and a smaller number (less than one percent) were on adult probation. The status of two percent of the clients was unknown. The proportion of clients with a known dependency status ranged from 10 percent for pregnant teens and entry mothers to 29 percent for entry fathers.

TABLE 12. DEPENDENCY/PROBATION STATUS BY ENTRY STATUS, 1982 - 83

	Pregnant	Entry Mother	Other F. Teen	Expectant Father	Entry Father	Other Male	Total
300	5	-	-	1	-	-	6 (2%)
601	8	4	-	1	3	-	16 (5%)
602	7	1	-	2	3	-	13 (4%)
Adult Prob.	-	-	-	1	1	-	2 (<1%)
Unknown	3	2	-	-	-	-	5 (2%)
None	185	40	1	34	17	3	280 (87%)
Total	208	47	1	39	24	3	322 (100%)

Reasons for Referral to TAPP

Almost one-half of the 322 entry clients (44 percent) were referred to TAPP by hospitals, clinics and physicians (Table 13). The next largest group (21 percent) were recommended by friends, followed by schools and school-related organizations (13 percent), social service agencies (10 percent), the Department of Social Services (six percent), Planned Parenthood (two percent) and other sources (two percent). Two percent of the referrals were unknown.

By entry category, pregnant teens, the largest entry group, were referred primarily by hospitals, clinics and physicians (53 percent), schools (16 percent) and social service agencies (nine percent) (Table 13A). Entry mothers, the second largest client category, were referred most frequently by hospitals, clinics and physicians (47 percent), the Department of Social Services (19 percent) and social service agencies (17 percent) (Table 13B). The majority of entry fathers were referred by friends (67 percent) and the majority of expectant fathers by friends (51 percent) and hospitals or clinics (18 percent) (Table 13C).

TABLE 13. REFERRING AGENCIES OR SOURCES FOR ENTRY CLIENTS, 1982 - 83

Source of Referral	Number of Clients Referred
Hospital, Clinic or Physician	142 (44%)
Friends	68 (21%)
Schools	42 (13%)
Social Service Agencies	33 (10%)
Dept. Social Services	20 (6%)
Planned Parenthood	6 (2%)
Other	5 (2%)
Unknown	6 (2%)
Total	322 (100%)

TABLE 13A. REFERRING AGENCIES OR SOURCES FOR PREGNANT TEEN CLIENTS, 1982 -83

SFGH	70
Friend/Family Member	28
DSS	8
Health Center #3	8
Balboa High School	7
Mt. Zion Hospital	7
Planned Parenthood	5
Kaiser	4
Youth Guidance Center	4
Horace Mann Mid. School	3
Mission High School	3
SFUSD	3
South East Health Center	3
U.C. Medical Center	3
Wilson High	3
Family Deveopment Ctr.	2
Health Center #2	2
Mission Neighb.Hlth.Ctr.	2
Dr. Neblett	2
Other	2
Probation Department	2
Proj. Stay at School	2
South of Market Hlth.Ctr.	2
St. Lukes	2
Sunshine High	2
Unknown	2
Abraham Lincoln High Sch.	1
Alamo Park High Sch.	1
Dr. Balog	1
Dr. Banks	1
Burlingame High School	1
CASARC	1
Catholic Youth Organiz.	1
Center for Ind. Study	1
Central Youth Dept.	1
Children's Hospital	1
Downtown High School	1
Florence Crittenton	1
Health Center #1	1
H.E.L.P. Line	1
John O'Connell High Sch.	1
Letterman Hospital	1
Lowell High School	1
McAteer High School	1
Mark Twain High School	1
Mercy High School	1
Postal St. Academy	1
Potrero Hill Health Ctr.	1
San Miguel Inf. Center	1
St. Elizabeth's	1
Visitacion Valley Mid. Sch.	1
Washington High School	1
YWCA	1
Total Clients	208

TABLE 13B. REFERRING AGENCIES OR SOURCES FOR ENTRY MOTHER CLIENTS, 1982 - 83

D S S	9
SFGH	7
Mt. Zion Hospital	4
F D C	3
Friend/Family Member	3
Health Center #3	3
Kaiser	3
St. Lukes	3
Balboa High School	2
Youth Guidance Center	2
Dr. Balog	1
Florence Crittenton	1
Juvenile Hall	1
Mission High School	1
SFUSD	1
San Miguel Infant Ctr.	1
T.A.L.K. Line/FSA	1
UC Medical Center	1
Total Clients	47

TABLE 13C. REFERRING AGENCIES OR SOURCES FOR MALE CLIENTS, 1982 - 83

ENTRY FATHERS

Friend/Family Member	16
Health Center #3	2
Balboa High School	1
DSS	1
FDC	1
Potrero Hill Neighborhood House	1
Self	1
Youth For Service	1
Total Clients	24

EXPECTANT FATHERS

Friend/Family Member	20
SFGH	5
Unknown	4
Balboa High School	1
Burlingame High School	1
Catholic Social Services	1
Center for Ind. Study	1
DSS	1
Kaiser	1
Planned Parenthood	1
RAP	1
UC Medical Center	1
Visitacion Valley Mid. School	1
Total Clients	39

Profile of Clients' Partners

Beginning with 1982-83, TAPP began collecting data on the age, employment and educational status of both male and female clients' partners (Table 14). The partners were not necessarily TAPP clients. In 1981-82 these data were available only for the male partners of female clients.

Paralleling the trend seen in 1981-82, the average age of female clients' partners was two or more years older than the average age of the females themselves (compare Tables 2 and 14). While 70 percent of entering pregnant teens and entry mothers were 16 or 17 years old, 41 percent of male partners were over 19. Sixty-seven percent of male partners were 18 or older. Correspondingly, male TAPP clients were on average older than their female partners. Eighty-five percent of male clients were 17 or older, but 86 percent of their partners were between 14 and 17.

Almost one-third (30 percent) of the male partners were employed, but the majority of both male and female partners were unemployed (64 percent and 91 percent, respectively).

Male partners were almost evenly divided between 30 percent who were attending school, one-third who had graduated and 28 percent who had dropped out. In contrast, few female partners (6 percent) had graduated from school, probably because of their younger average age. Forty-eight percent of female partners were attending school, and 42 percent had dropped out.

TABLE 14. AGE, EMPLOYMENT AND SCHOOL ENROLLMENT OF PARTNER, 1982 - 83

	Age					
	Under 14	14 - 17	18 - 19	Over 19	Unknown	Total
Male Partner of TAPP Client	-	82 (32%)	66 (26%)	104 (41%)	4 (2%)	256 (100%)*
Female Partner of TAPP Client	-	57 (86%)	7 (11%)	1 (2%)	1 (2%)	66 (100%)*

	Employed	Unemployed	Unknown	Total
Male Partner of TAPP Client	78 (30%)	165 (64%)	13 (5%)	256 (100%)*
Female Partner of TAPP Client	4 (6%)	60 (91%)	2 (3%)	66 (100%)

	Attending	Dropped Out	Graduated	Unknown	Total
Male Partner of TAPP Client	77 (30%)	72 (28%)	87 (34%)	20 (8%)	256 (100%)
Female Partner of TAPP Client	32 (48%)	28 (42%)	4 (6%)	2 (3%)	66 (100%)*

* Percentages do not equal 100 due to rounding.

Information and Referral Clients

Information and referral clients were those who were referred to TAPP for various reasons but were not retained as clients. In 1982-83 there were 35 information and referral clients (Table 15). Twenty-three (66 percent) were pregnant teens, nine (26 percent) were entry mothers, one (two percent) was an entry father and the status of two (six percent) was unknown. Most of the information and referral clients (74 percent) were 18 or older. Age is often a reason why clients referred to TAPP are not retained.

Fifteen of the 35 information and referral clients (43 percent) were referred by a hospital or clinic, six (17 percent) by a school or school-related organization and seven (20 percent) by the Department of Social Services, various social service agencies or other sources. Seven referrals (20 percent) were unknown.

Most reasons for referral were unknown (57 percent), but of those that were stated, education predominated (17 percent), followed by counseling, childcare, adoption, housing and health care.

TABLE 15. PROFILE OF INFORMATION AND REFERRAL CLIENTS, 1982 - 83

Entry Status	Number
Pregnant	23 (66%)
Entry M.	9 (26%)
Father	1 (2%)
Unknown	2 (6%)
Total	35 (100%)

Age	Number
16	3 (9%)
17	5 (14%)
18	15 (43%)
19	6 (17%)
20	4 (11%)
24	1 (3%)
Unk.	1 (3%)
Total	35 (100%)

Referring Agency	Number of Clients
Hospital or Clinic	15 (43%)
School	6 (17%)
Social Service Agency	3 (9%)
Other	3 (9%)
Dept. Social Services	1 (3%)
Unknown	7 (20%)
Total	35 (100%)*

* Percentages exceed 100 due to rounding.

Reason for Referral	
Education	6 (17%)
Counseling	4 (11%)
Childcare	2 (6%)
Adoption	1 (3%)
Housing	1 (3%)
Health Care	1 (3%)
Unknown	20 (57%)
Total	35 (100%)

Profile of Exited Clients

One hundred thirty-six clients exited the program in 1982-83. Eighty-three (61 percent) had entered as pregnant teens, 38 (28 percent) as entry mothers, six (four percent) as expectant fathers, five (four percent) as entry fathers, three (two percent) as other female teens and one (less than one percent) as an other male (Table 16). Overall, the primary reason for exiting was that clients were lost to follow-up (38 percent) (Table 16). A client was defined as "lost" if there was no response to several phone calls, followed by a letter and a home visit. This reason for exiting was followed by clients' requesting to end services (24 percent) and moving outside the service area (21 percent). Fourteen percent of clients exited from the program because they had become self-sufficient or had completed services.

In the two largest categories, pregnant teens and entry mothers, there was some contrast in reasons for exiting. Almost equal numbers of pregnant teens requested an end to services (28 percent) or were lost to follow-up (30 percent). In contrast, 53 percent of exited entry mothers were lost to follow-up, while only 15 percent requested an end to services.

Eighty percent of exited clients were 15 to 17 years old at time of entry into TAPP (Table 17). This was consistent with the predominant age range of TAPP clients (refer to Table 2).

About one-half of exited clients (52 percent) left after fewer than six months in the program (Table 18). This suggested that many of those exiting did so before becoming well integrated into TAPP services. Thirty-one percent of clients exited after being in the program between six months and a year and 17 percent after being in between one year and two years. There was little difference in time in program before exiting between pregnant teens and exiting mothers.

TABLE 16. REASON FOR EXITING BY ENTRY STATUS, 1982 - 83

Reason	Pregnant	Entry Mother	Other F. Teen	Expectant Father	Entry Father	Other Male	Total
Moved	17	8	2	2	-	-	29 (21%)
Requested End	23	6	-	1	2	-	32 (24%)
Can't Locate	25	20	1	2	2	1	51 (38%)
Self-Sufficient	11	2	-	-	1	-	14 (10%)
Completed Services	4	2	-	-	-	-	6 (4%)
No Longer Eligible	-	-	-	-	-	-	-
Other	3	-	-	1	-	-	4 (3%)
Total	83 (61%)	38 (28%)	3 (2%)	6 (4%)	5 (4%)	1 (<1%)	136 (100%)

TABLE 17. AGE AT ENTRY OF EXITED CLIENTS, BY ENTRY STATUS, 1982 - 83

Age	Pregnant	Entry Mother	Other F. Teen	Expectant Father	Entry Father	Other Male	Total
Under 14	-	2	-	-	-	-	2 (1%)
14	5	-	-	-	-	-	5 (4%)
15	13	3	-	-	1	-	17 (13%)
16	16	12	2	-	1	-	31 (23%)
17	40	17	1	2	-	-	60 (44%)
18	7	3	-	-	-	1	11 (8%)
Over 18	2	1	-	4	3	-	10 (7%)
Total	83	38	3	6	5	1	136 (100%)

TABLE 18. TIME IN PROGRAM OF EXITED CLIENTS, BY ENTRY STATUS, 1982 - 83

	Pregnant	Entry Mother	Other F. Teen	Expectant Father	Entry Father	Other Male	Total
Under 3 mos.	25	9	1	2	1	1	39 (29%)
3 Mos. - 6 Mos.	19	9	-	1	2	-	31 (23%)
6 Mos. - 1 Year	25	14	-	2	1	-	42 (31%)
1 Year - 2 Years	14	6	2	1	1	-	24 (17%)
Total	83	38	3	6	5	1	136 (100%)

PART I

Section 2

Participation Tracks at Entry and at Delivery

Clients select their own service combinations, which are referred to as tracks. At entry into TAPP, tracks are divided on the basis of where education, if any, was obtained and where health care (which all clients received) was provided. Clients select their own tracks. Track 1 clients received both education (San Francisco Unified School District Special Service Center) and health care on-site, at San Francisco General Hospital (SFGH). Track 2 clients received health care at SFGH and either attended school off-site (Track 2A), have dropped out of school (Track 2B), or have graduated (Track 2C). Track 3 clients attended school at SFGH and received health care off-site (usually privately). Track 4 clients received health care off-site and were either in school off-site (Track 4A), have dropped out of school (Track 4B), or have graduated (Track 4C) (Figure 1).

At entry, in 1982-83, 42 percent of TAPP clients were in Track 4, 38 percent were in Track 2, 13 percent were in Track 3, and seven percent were in Track 1 (Table 19). By participation status, the majority of pregnant clients were in Track 2 and the majority of entry mothers, expectant fathers and entry fathers were in Track 4. Generalizing, these data show that at entry 55 percent of TAPP clients were receiving their health care off-site (Tracks 3 and 4) and 45 percent on-site (Tracks 1 and 2). Twenty percent were being educated on-site (Tracks 1 and 3), 40 percent off-site (Tracks 2A and 4A), six percent had graduated (Tracks 2C and 4C) and 34 percent were dropouts (sub-tracks not shown on Table 19).

Discrepancies between school enrollment figures in Table 8 and Table 19 reflect the fact that some clients enter TAPP while not attending school, then decide to return to school on becoming a TAPP client.

At pregnancy outcome (delivery), some clients were not in the same track as upon entry. For instance, a client might have attended a community high school on entry into TAPP and received health care at SFGH (Track 2A), then transferred to Hilltop Special Service Center at SFGH to go to school (Track 1).

At delivery, 17 percent of clients were in Track 1 (Table 20). Twenty-eight percent were in Track 2, 31 percent in Track 3 and 24 percent in Track 4.

Generalizing across track, 45 percent of clients were receiving on-site health care and 55 percent off-site. (School enrollment data for clients will be discussed in a later section.)

One male client had a partner who delivered; the male was in Track 4.

Figure 1

ENTRY TRACKS

	Health		Education		
Track	SFGH	Off-site	SFGH (Hilltop)	Off-site	None
1	X		X		
2A	X			X	
2B	X				X
2C	X				grad
3		X	X		
4A		X		X	
4B		X			X
4C		X			grad

TABLE 19. CLIENTS BY ENTRY STATUS AND ENTRY TRACK, 1982 - 83

	Track 1	Track 2	Track 3	Track 4	Total
PREGNANT	20	80	42	66	208
ENTRY MOTHER	1	15	1	30	47
OTHER FEMALE TEEN	-	1	-	-	1
EXPECTANT FATHER	1	17	-	21	39
ENTRY FATHER	-	7	-	17	24
OTHER MALE	-	2	-	1	3
TOTAL	22 (7%)	122 (38%)	43 (13%)	135 (42%)	322 (100%)

TABLE 20. CLIENTS BY ENTRY STATUS AND TRACK AT DELIVERY, 1982 - 83

Status	Track 1	Track 2	Track 3	Track 4	Total
PREGNANT	19	31	36	23	109
ENTRY MOTHER	-	1	-	3	4
EXPECTANT FATHER	-	-	-	1	1
TOTAL CLIENTS	19 (17%)	32 (28%)	36 (31%)	27 (24%)	114 (100%)

Pregnancy Outcomes

In 1982-32, 114 TAPP clients carried to term (Table 21). Two percent of the delivered infants had birth complications, compared to 11 percent in 1981-82. Amont the 114 births, 10 infants were low birthweight (less than 2,500 grams), while 91 percent weighed over 2,500 grams (Table 22; also see the "Profile of Low Birthweight Infants" and Table 24). By track, the largest number of infants, 67 births, were born to clients in Tracks 2 and 3 (Table 23). Track 2 clients received their health care on-site at San Francisco General Hospital and their education off-site. Track 3 clients received education on-site at either SFGH or Mt. Zion Hospital and health care off-site from either hospital. Six of the 10 low birthweight infants were born to clients receiving health care off-site (Track 4), and four were born to clients receiving health care at SFGH.

Table 23A shows birth outcomes divided by sub-track. No low birthweight infants were born to clients in Track 1. Two were born to clients in Track 2A, who were receiving health care at SFGH and attending school elsewhere and two were born to clients in Track 2B, who were receiving health care at SFGH and had dropped out of school. No low birthweight infants were born to clients in Track 3, who were attending school at SFGH or Mt. Zion Hospital and receiving health care off-site. Two low birthweight infants were born to clients in Track 4A, who were receiving both health care and education off-site and four were born to clients in Track 4B, who were receiving health care off-site and had dropped out of school. The largest proportion of low birthweight infants were in Track 4A (25 percent of births in the Track). For further discussion of the 10 low birthweight infants, refer to the "Profile of Low Birthweight Infants" and Table 24.

Units of Service at Delivery

TAPP clients received counseling in five primary areas: Psychosocial counseling, health education, nutrition, career counseling and child development. Each 15-minute interval of counseling was recorded as one unit of service. In 1982-83 clients in all four tracks received an average of 31 units of psychosocial counseling, 12 units of health education, 13 units of nutrition, nine units of career counseling and four units of child development (Table 21). There were wide variations, however, in units of service received, both within and between tracks. This is shown in Table 23. Of all clients, those in Track 1 received the highest number of average units of service in all categories. Because Track 1 clients receive both health care and education at San Francisco General Hospital, they generally have more immediate access to TAPP counselors and colocated services than clients in other tracks. Track 3 clients, who also attend school at SFGH, similarly have higher units of service averages than clients who attend school off-site or have dropped out.

Within each track the units of service received by individual clients ranged considerably. These ranges are noted below the average figures. For each service (e.g., psychosocial counseling) there was a broad range, while between services (e.g., psychosocial counseling and nutrition) there was a second range. In all tracks clients tended to receive more psychosocial units than any other kind.

Delivered clients received an average of 11 public health nurse prenatal care units. Clients in Track 2 received the highest number of public health nurse units (Tables 21 and 23).

TABLE 21. PREGNANCY OUTCOMES FOR CLIENTS WHO DELIVERED AND UNITS OF SERVICE, 1982 - 83

LIVE BIRTHS		
	Normal	112
	Minor Congenital Malformation	1
	Major Congenital Malformation	1
	Total Delivered	114
AVERAGE UNITS OF SERVICE PER DELIVERED CLIENT:	Psychosocial	31
	Health Education	12
	Nutrition	13
	Career	9
	Child Development	4
	Public Health Nurse Prenatal Units	11

TABLE 22. BIRTHWEIGHTS OF INFANTS DELIVERED IN PROGRAM, 1982 - 83

Birthweight	Number	Percent
Less than 2,500 grams	10	9%
Above 2,500 grams	104	91%
Total	114	100%

TABLE 23. PREGNANCY OUTCOMES, UNITS OF SERVICE AND BIRTHWEIGHTS, BY TRACK (TRACKS 1-4), 1982 - 83

	Track 1	Track 2	Track 3	Track 4
Total Number of Infants Delivered	19	32	36	27
No. of Cong. Malformations	1	0	0	0
No. of Infants Less than 2500 Grams	0	4	0	6
No. of Infants Over 2500 Grams	19	28	36	21
AVERAGE UNITS OF SERVICE PER CLIENT*				
Psychosocial	69 (12-166)	20 (2-79)	43 (3-98)	26 (1-132)
Health Education	32 (0-98)	1 (0-20)	25 (0-98)	7 (0-88)
Nutrition	35 (0-76)	4 (0-35)	23 (0-68)	6 (0-68)
Career Development	26 (0-68)	2 (0-12)	19 (0-60)	5 (0-56)
Child Development	13 (0-36)	1 (0-12)	5 (0-32)	3 (0-52)
Public Health Nurse	13 (0-44)	14 (0-70)	12 (0-72)	10 (0-64)

* - Range shown in parentheses.

TABLE 23A. BIRTHWEIGHTS BY SUB-TRACK, 1982 - 83

Track	1 Health Care and School Same Site	2A Health Care SFGH School Elsewhere	2B Health Care SFGH School Drop-Out	3 In School, Pregnant Minor Program; Health Care Elsewhere SFGH	3 In School, Pregnant Minor Program; Health Care Elsewhere Mt. Zion	4A In School; Health Care Elsewhere	4B School Drop-Out Health Care Elsewhere	Totals
Infants less than 2,500 grams	0	2	2	0	0	2	4	10
Total Infants in Track	18	12	20	28	1	11	16	114
Percent Low Birthweight	0%	16.6%	10%	(36) (0%)		20%	25%	8.8%

Profile of Low Birthweight Infants

Ten infants weighing less than 2,500 grams were born to TAPP clients in 1982-83 (Table 24). This was nine percent of all births. Five babies (50 percent) were born to black mothers, one each to Hispanic and white mothers and three to mothers of other backgrounds, including American Indian and Filipino. The mothers' ages ranged from 14 to 17, with 60 percent being 16 years old. The infants' birthweights ranged from 1,729 grams to 2,452. There were no infants in the "very low birthweight" (<1500 grams) category.

Four mothers of low birthweight infants began prenatal care during the first trimester, four during the second trimester and one in the third trimester. One client received no prenatal care at all; her infant was also the smallest, at 1,729 grams. Four of the mothers (40 percent) were attending school and six had dropped out. Five (50 percent) were receiving Medi-Cal. All the clients received some amount of psychosocial counseling (range two units to 28), but many did not receive health education, nutrition, career or child development units. The lack of nutrition and child development counseling units was particularly significant when compared to those mothers whose infants weighed 2,500 grams or more at birth.

TABLE 24. LOW BIRTHWEIGHT INFANTS (<2500 GRAMS), 1982 - 83

MOTHER'S AGE	No. of Births to Mothers of This Age	Ethnicity				Trimester Health Care Began				School		Medi-Cal		Average Units of Service				
		White	Black	Hisp.	Other	0	1	2	3	In	Out	Yes	No	Psycho.	H. Educa.	Nutrition	Career	Child Dev.
[illegible]	[illegible]	[illegible]										-	2	20	0	4	0	0
[illegible]	[illegible]											4	2	16	0	1	1	1
[illegible]	[illegible]											1	1	13	1	0	0	0
[illegible]	[illegible]											5	5	49	1	5	1	1

Prenatal Care

In 1982-83 only one TAPP client did not receive prenatal care (Table 25). Thirty-nine percent began receiving health care during the first trimester of pregnancy, and 44 percent during the second trimester. Compared to 1981-82, there was a major drop (of 17 percent) in the number of clients who received only third trimester prenatal health care. At all age levels, with the exception of 13 and 14 year olds, the majority of clients began receiving prenatal care in the first trimester.

TABLE 25. TRIMESTER ENTERED HEALTH CARE, BY AGE AT ENTRY, OF CLIENTS WHO DELIVERED, 1982 - 83

AGE	No Prenatal Care	Trimester			Unknown
		1st	2nd	3rd	
13	-	-	4	-	-
14	-	3	8	1	-
15	-	9	5	2	-
16	-	18	17	8	2
17	1	13	14	4	1
18	-	2	2	-	-
Total (n=114)	1 (1%)	45 (39%)	50 (44%)	15 (13%)	3 (3%)

Client Status at Delivery: School Enrollment and Employment

At delivery, 70 percent of pregnant teens were attending school (Table 26). Thirty percent had dropped out. Pregnancy outcomes were reported for four clients who had entered as entry mothers. One of these clients (25 percent) was attending school and three (75 percent) had dropped out. The male client whose partner delivered was attending school.

By track, school enrollment was highest (100% of clients) in Tracks 1 and 3. Clients in Tracks 1 and 3 attended school on-site at San Francisco General Hospital or Mt. Zion Hospital (Table 29).

Only one pregnant teen and one expectant father were known to be employed at delivery; most female clients were unemployed (Table 27). By category, 99 percent of pregnant teens were unemployed and 100 percent of entry mothers. Given the age range of the clients, high employment, especially during pregnancy, would not be expected.

Seventy-two percent of clients were receiving public assistance at delivery or pregnancy termination (Table 28). Fifty-four percent were receiving AFDC only and 18 percent Medi-Cal only.

By track, the only TAPP clients employed at the time of pregnancy outcome were in Track 4 (Table 29). High unemployment rates for clients at this stage of data collection can be linked to several factors, including clients' ages and the likelihood of their stopping work, if employed, close to the time of delivery.

TABLE 26. SCHOOL ENROLLMENT AT DELIVERY, 1982 - 83

Status	Pregnant	Entry Mother	Expectant Father	Total Clients
ATTENDING	76	1	1	78 (68%)
DROPPED OUT	33	3	-	36 (32%)
TOTAL	109	4	1	114 (100%)

TABLE 27. EMPLOYMENT AT DELIVERY, 1982 - 83

Status	Pregnant	Entry Mother	Expectant Father	Total Clients
EMPLOYED	1	-	1	2 (2%)
UNEMPLOYED	108	4	-	112 (98%)
TOTAL	109	4	1	114 (100%)

TABLE 28. WELFARE STATUS AT DELIVERY, 1982 - 83

Status	Number	Percent of Clients at Delivery (n=114)
Medi-Cal Only	20	(18%)
Medi-Cal With AFDC	60	(53%)
AFDC/payee	20	(18%)
AFDC/in grant	31	(27%)
AFDC/nn payee	11	(10%)
TOTAL AFDC	62	(54%)
TOTAL RECEIVING WELFARE ("AFDC" & Medi-Cal Only")	82	(72%)

TABLE 29. SCHOOL ENROLLMENT AND EMPLOYMENT STATUS AT DELIVERY, BY TRACK (TRACKS 1-4), 1982 - 83

Status	Track 1 (n=19)	Track 2 (n=32)	Track 3 (n=36)	Track 4 (n=27)	Total (n=114)
SCHOOL					
Attending	19 (100%)	12	36 (100%)	11	78 (68%)
Dropped Out	0	20	0	16	36 (32%)
EMPLOYED	0	0	0	2	2 (2%)
UNEMPLOYED	19	32	36	25	112 (98%)

Participation Track at Six Months, One-Year, Two-Year and Three-Year Follow-Up

For clients who entered TAPP expecting a baby (pregnant teens and expectant fathers), the follow-up categories (six months, one year, and so forth) referred to the time period after delivery. For clients who entered TAPP already parents (entry mothers and fathers), the categories referred to the age of the baby.

In 1982-83 there were 125 clients at six month follow-up (Table 30). They were divided for purposes of analysis into five primary tracks, with the track designations referring to school or employment status and where childcare, if any, was being received (Figure 2). At six months the majority of clients (43 percent) were in Track 2. They were either attending school or were employed, and were receiving childcare off-site. The next largest group (17 percent) was in Track 4, neither employed nor in school, and not receiving childcare. Fourteen percent were in Track 3, either dropped out of school, or graduated, and receiving childcare, but not employed. Ten percent of the clients were in Track 5. These were clients without infants who were either in school, employed, or dropped out of school and unemployed. An additional 10 percent of the clients were in Track 1, either in school or employed, and receiving childcare at the same site. The track status of six percent of the clients was unknown.

Altogether, at six months, 67 percent of clients with infants were receiving childcare. Ten percent were receiving childcare at the same site as school or work and 57 percent were receiving it at another site.

At one year post-partum, there were 84 clients (Table 31). Taking the two largest categories, those who had entered as pregnant teens and those who

entered as entry mothers, 56 out of 73 (or 77 percent) were receiving childcare (Tracks 1, 2 and 3). Nine out of 73 (12 percent) were receiving childcare at the same site as school or work, 47 out of 73 (64 percent) at a different site. By track, 54 percent of all clients were in Track 2 (separate sites for work/school and childcare), 11 percent were in Track 3 (out of school, not employed, receiving childcare), 14 percent were in Track 4 (not employed or in school, not receiving childcare), 11 percent in Track 1 (in school or working, receiving childcare at same site) and four percent in Track 5 (no child, in or out of school, employed or unemployed). For about seven percent of clients the track status was unknown.

At two years post-partum there were only six clients (Table 32). Five (83 percent) were receiving childcare (one on-site, four off-site) and one (16 percent) was not.

At three years post-partum there were three clients (Table 32). One was receiving childcare off-site and attending school (Track 2), one was not in school and not receiving childcare (Track 4) and one client's status was unknown.

Figure 2

POST-PARTUM TRACKS

Track	Daycare: Same Site	Daycare: Diff. Site	Daycare: None	Education/Employment: In School	Education/Employment: Working	Education/Employment: Not in school or working
1	X			X		
2A		X		X		
2B		X			X	
3A		X				dropped-out
3B		X				graduated
4			X			X
5A			no baby	X		
5B			no baby		X	
5C			no baby			X

TABLE 30. CLIENTS BY ENTRY STATUS AND POST-PARTUM TRACK AT SIX MONTHS (INFANT'S AGE), 1982 - 83

Status	Track 1	Track 2	Track 3	Track 4	Track 5	Unknown	Total
PREGNANT	11	31	10	16	10	2	80
ENTRY MOTHER	2	14	3	5	-	5	29
OTHER FEMALE TEEN	-	-	-	-	2	-	2
EXPECTANT FATHER	-	5	2	-	1	-	8
FATHER	-	4	2	-	-	-	6
TOTAL	13 (10%)	54 (43%)	17 (14%)	21 (17%)	13 (10%)	7 (6%)	125 (100%)

TABLE 30. CLIENTS BY ENTRY STATUS AND POST-PARTUM TRACK AT ONE YEAR (INFANT'S AGE), 1982 - 83

Status	Track 1	Track 2	Track 3	Track 4	Track 5	Unknown	Total
PREGNANT	7	21	2	4	1	1	36
ENTRY MOTHER	2	21	3	6	-	5	37
OTHER FEMALE TEEN	-	-	-	-	2	-	2
EXPECTANT FATHER	-	1	2	1	-	-	4
FATHER	-	2	2	1	-	-	5
TOTAL	9 (11%)	45 (54%)	9 (11%)	12 (14%)	3 (4%)	6 (7%)	84* (100%)

* Percentage exceed 100 due to rounding.

TABLE 32. CLIENTS BY ENTRY STATUS AND POST-PARTUM TRACK AT TWO YEARS AND THREE YEARS (INFANT'S AGE), 1982 - 83

TWO YEARS

Status	Track 1	Track 2	Track 3	Track 4	Track 5	Total
ENTRY MOTHER	1	4	-	1	-	6
TOTAL	1	4	-	1	-	6 (100%)

THREE YEARS

	Track 1	Track 2	Track 3	Track 4	Track 5	Unknown	Total
ENTRY MOTHER	-	1	-	1	-	1	3
TOTAL	-	1	-	1	-	1	3 (100%)

Repeat Births

At one year follow-up, one client was pregnant. This totaled one percent of the 84 clients at this follow-up point.

At two years none of the six followed clients had given birth. At three years one of three followed clients had delivered.

At exit from TAPP, one client, who was between two and three years post-partum status, was pregnant. This was one percent of all exiting clients.

TAPP's 1982-83 repeat birth rates were lower than the rates in 1981-82. In 1981-82, one client who entered pregnant was pregnant again at six month follow-up (out of 10 clients who had entered pregnant and had reached six month follow-up). In 1981-82, two clients who had entered as mothers were pregnant at six month follow-up (eight percent of entry mothers at that follow-up point). At one year follow-up in 1981-82, two entry mothers out of nine (or 22 percent) were pregnant.

TABLE 33. REPEAT BIRTHS AT ONE YEAR, TWO YEARS, THREE YEARS (INFANT'S AGE) AND AT EXIT, 1982 -83

	1 Year	2 Years	3 Years	Exit	Total
TOTAL BIRTHS	1	-	1	1	3
TOTAL CLIENTS AT FOLLOW-UP POINT	84	6	3	136	229
PERCENTAGE OF TOTAL CLIENTS	1%	0%	33%	1%	1%

Client Status at Six Months, One-Year, Two-Year and Three-Year Follow-Up

Six Months (School Attendance, Welfare and Employment)

At six months follow-up, 62 percent of TAPP clients were attending school, or had graduated (Table 34). Six percent were attending, or had graduated from, a job training program. Eighteen percent were employed, and about 60 percent were receiving welfare. Most clients (58 percent) were living with one or both parents.

By entry status, 63 percent of clients who entered TAPP pregnant were enrolled in school, or had graduated, at six months (Table 35). Enrollments were highest, as percentage of total track membership, in Tracks 1 (work/school and child care single unit), 2 (work/school and childcare different sites) and 5 (no baby). In 1981-82, in comparison, 40 percent of pregnant teens (out of 10 total) were in school, or had graduated, at six months.

Fifty-five percent of entry mothers were in school, or had graduated, at six months. The highest enrollments in relation to total track membership were in Tracks 1 and 2. In 1981-82, in comparison, 75 percent of entry mothers (18 out of 24) were in school, or had graduated, at six months.

Fifteen percent of pregnant teens were employed at six months, and 14 percent of entry mothers. Employment of pregnant teens was highest in Track 2 (work and childcare different sites); for entry mothers it was highest (as a proportion of total track size) in Track 1 (work and childcare same site). Forty-three percent of male clients were employed at six months.

Sixty-six percent of pregnant teens were receiving welfare at six months. The highest proportions were in Track 1 (nine out of 11 clients), Track 3 (eight out of 10 clients) and Track 4 (11 out of 16 clients). Numerically, Track 2 had the most clients receiving welfare. Clients in Tracks 3 and 4 were neither in school nor employed, clients in Track 1 were attending school, and clients in Track 2 were either in school or employed. Sixty-two percent of entry mothers

were receiving welfare. As with the pregnant teens, the highest proportions of clients on welfare were in Tracks 1, 3 and 4. Fourteen percent of male clients were receiving welfare at six months.

One-Year (School Attendance, Welfare and Employment)

At one year, 67 percent of all clients were attending school, or had graduated (Table 34). Twenty-five percent were employed, and eight percent were enrolled in a job training program or had graduated from one. Sixty-three percent of clients were receiving welfare and 53 percent were living with one or both parents.

By entry status, 75 percent of pregnant teens were enrolled in school, or had graduated, at one-year follow-up (Table 35). The highest proportions were in Tracks 1 (school and childcare same site) and 2 (school and childcare different sites). Fifty-seven percent of entry mothers were attending school or graduated, with the highest proportions in Tracks 1 (school and childcare same site) and 2 (school and childcare different sites). In 1981-82, 78 percent of entry mothers were school attendees/graduated at one-year (out of nine total). Sixty-seven percent of male clients were in school, or had graduated, at one-year.

Twenty-two percent of clients who had entered as pregnant teens were employed at one-year follow-up. Almost all were in Track 2, working and receiving childcare at different sites. Twenty-two percent of entry mothers were employed, all in Track 2. Fifty-six percent of male clients were employed at one-year follow-up.

Sixty-four percent of clients who entered pregnant were receiving welfare at one-year follow-up. Eleven of the mothers receiving welfare were in Track 2 (in school or employed), six were in school (Track 1), and the remainder were neither in school nor employed. Seventy-six percent of entry mothers received welfare

at one year follow-up. Numerically, the most (15 clients) were in Track 2 (in school or employed). Only one male client received welfare at one-year follow-up.

At two- and three-year follow-up the populations were very small (nine clients total) (Table 34). All clients were attending school or had graduated, at two-year follow-up (n=6). None was employed and four (67 percent) were receiving welfare. Two clients were living with one or both parents and four were living with others (non-spouses). At three-year follow-up two clients were attending school or had graduated (67 percent), one was employed, one was attending or had graduated from job training, and all three were receiving welfare. Two clients were living with one or both parents and one was in another living arrangement (non-spouse).

TABLE 34. SIX MONTHS, ONE YEAR, TWO YEARS, THREE YEARS (INFANT'S AGE), CLIENT STATUS, 1982 - 83

Status	6 Months * (n=125) No.	%	1 Year* (n=84) No.	%	2 Years* (n=6) No.	%	3 Years* (n=3) No.	%
School Status Attending or Graduated	78	62%	56	67%	6	100%	2	67%
Dropped Out	45	36%	27	33%	0	0%	1	33%
In Or Graduated From Job Training	7	6%	7	8%	0	0%	1	33%
Employed	23	18%	21	25%	0	0%	1	33%
Receiving Welfare	74	59%	53	63%	4	67%	3	100%
Living Arrangement								
Parents	73	58%	44	53%	2	33%	2	67%
Spouse	13	10%	9	11%	0	0%	0	0%
Other	37	29%	30	36%	4	67%	1	33%

* In all categories "unknown" data 2% of cases or less.

TABLE 35. SIX MONTHS, ONE YEAR, TWO YEARS, THREE YEARS (INFANT'S AGE), CLIENT STATUS, BY POST-PARTUM TRACK, 1982 - 83

	In Sch.or Graduated				Dropped Out				Employed				Rec. Welfare			
	6Mos.	1Yr.	2Yrs.	3Yrs.	6Mos.	1Yr.	2Yrs.	3Yrs.	6Mos.	1Yr.	2Yrs.	3Yrs.	6Mos.	1Yr.	2Yrs.	3Yrs.
EXPECTANT F.																
Tracks 2,3,4	6/7	3/4			1/7	1/4			2/7	3/4			2/7	0/4		
ENTRY FATHER																
Tracks 2,3,4	4/7	3/5			3/7	2/5			4/7	2/5			0/7	1/5		
PREGNANT																
Track: 1	11/11	7/7			0/11	0/7			0/11	1/7			9/11	6/7		
2	27/31	17/21			4/31	4/21			8/31	7/21			19/31	11/21		
3	2/10	0/2			8/10	2/2			2/10	0/2			8/10	2/2		
4	2/16	3/4			14/16	1/4			0/16	0/4			11/16	3/4		
5	7/10	0/1			3/10	1/1			2/10	0/1			6/10	1/1		
U	1/2*	*			-	*			0/2*	*			1/2*	*		
ENTRY MOTHER:																
Track: 1	2/2	2/2	1/1	-	0/2	0/2	0/1	-	1/2	0/2	0/1	-	1/2	2/2	0/1	-
2	13/14	17/21	4/4	1/1	1/14	4/21	0/4	0/1	2/14	8/21	0/4	0/1	9/14	15/21	4/4	1/1
3	0/3	0/3	-	-	3/3	3/3	-	-	0/3	0/3	-	-	2/3	3/3	-	-
4	0/5	0/6	1/1	0/1	5/5	6/6	0/1	0/1	0/5	0/6	0/1	0/1	3/5	4/6	0/1	1/1
U	1/5	2/5	-	1/1	3/5*	3/5	-	0/1	1/5*	0/5*	-	1/1	3/5**	4/5*	-	1/1
OTHER F. TEEN																
Track: 5	2/2	2/2			0/2	0/2			1/2	0/2			0/2	1/2		
Total Clients	125	84	6	3	125	84	6	3	125	84	6	3	125	84	6	3

* 1 Unknown
** 2 Unknown

Follow-Up Units of Service at Six Months, One Year, Two Years and Three Years

At six months, one-year, two-year and three-year follow-up there was considerable variation in units of service received, especially between categories of services (Table 36). At six months all clients had received psychosocial units of service, with clients who entered as pregnant teens averaging the highest amounts. In comparison, far from all had received nutrition, health education, career and child development units. Male clients received none, with the exception of career development, and entry mothers and other female teens none, with the exception of nutrition (in Track 2) and child development (in Track 1). Since the figures represent averages, many tracks also contained a wide range in the units of service per individual; this repeats the pattern seen in Table 23.

At one-year follow-up, pregnant teens and entry mothers had most consistently received psychosocial units.

At two-year and three-year follow-up, the populations were very small, and composed entirely of entry mothers. It should be noted that, as with six-month follow-up, clients were more likely to have received psychosocial units of service than other categories of services.

TABLE 36. AVERAGE FOLLOW-UP UNITS OF SERVICE AT SIX MONTHS, ONE YEAR, TWO YEARS AND THREE YEARS (INFANT'S AGE), BY POST-PARTUM TRACK, 1982 - 83 *

	Psychosocial				Nutrition				Health Ed.			
	6 Mos.	1 Yr.	2 Yrs.	3 Yrs.	6 Mos.	1 Yr.	2 Yrs.	3 Yrs.	6 Mos.	1 Yr.	2 Yrs.	3 Yrs.
Expectant F. Tracks 2,3,4	5 (n=8)	6 (n=4)			0 (n=8)	0 (n=4)			0 (n=8)	0 (n=4)		
Entry F. Tracks 2,3,4	10 (n=6)	19 (n=5)			0 (n=6)	0 (n=5)			0 (n=6)	0 (n=5)		
Pregnant Track 1	42 (n=11)	6 (n=7)			19 (n=11)	0 (n=7)			8 (n=11)	0 (n=7)		
" 2	29 (n=31)	8 (n=21)			17 (n=31)	1 (n=21)			10 (n-31)	1 (n=21)		
" 3	14 (n=10)	6 (n=2)			5 (n=10)	0 (n=2)			1 (n=10)	0 (n=2)		
" 4	16 (n=16)	6 (n=4)			4 (n=16)	0 (n=4)			4 (n=16)	0 (n=4)		
" 5	32 (n=10)	46 (n=1)			9 (n=10)	0 (n=1)			3 (n=10)	0 (n=1)		
U	25 (n=2)	0 (n=1)			18 (n=2)	**			6 (n=2)	**		
Entry Mother Track 1	14 (n=2)	7 (n=2)	8 (n=1)	-	0 (n=2)	0 (n=2)	0 (n=1)	-	0 (n=2)	0 (n=2)	0 (n=1)	-
" 2	10 (n=14)	14 (n=21)	35 (n=4)	12 (n=1)	2 (n=14)	1 (n=21)	9 (n=4)	0 (n=1)	0 (n=14)	0 (n=21)	12 (n=4)	0 (n=1)
" 3	21 (n=3)	32 (n=3)	-	-	0 (n=3)	0 (n=3)	-	-	0 (n=3)	0 (n=3)	-	-
" 4	25 (n=5)	18 (n=6)	20 (n=1)	8 (n=1)	0 (n=5)	0 (n=6)	0 (n=1)	0 (n=1)	0 (n=5)	0 (n=6)	0 (n=1)	0 (n=1)
U	9 (n=5)	1 (n=5)	- -	21 (n=1)	1 (n=5)	0 (n=5)	- -	0 (n=1)	0 (n=5)	0 (n=5)	- -	0 (n=1
Other F. Teen Track 5	24 (n=2)	7 (n=2)	-	-	0 (n=2)	0 (n=2)	-	-	0 (n=2)	0 (n=2)	-	-
Total	125	84	6	3	125	84	6	3	125	84	6	3

* Number of clients in parentheses.
** One unknown.

Continued...

TABLE 36 - Continued - AVERAGE FOLLOW-UP UNITS OF SERVICE AT SIX MONTHS, ONE YEAR, TWO YEARS AND THREE YEARS (INFANT'S AGE), BY POST-PARTUM TRACK, 1982 - 83

	Career				Child Development			
	6 Mos.	1 Yr.	2 Yrs.	3 Yrs.	6 Mos.	1 Yr.	2 Yrs.	3 Yrs.
Expectant F. Tracks 2,3,4	0 (n=8)	0 (n=4)			0 (n=8)	0 (n=4)		
Entry F. Tracks 2,3,4	1 (n=6)	0 (n=5)			0 (n=6)	0 (n=5)		
Pregnant Track 1	13 (n=11)	0 (n=7)			7 (n=11)	0 (n=7)		
" 2	9 (n=31)	1 (n=21)			3 (n=31)	1 (n=21)		
" 3	9 (n=10)	0 (n=2)			1 (n=10)	0 (n=2)		
" 4	3 (n=16)	0 (n=4)			1 (n=16)	0 (n=4)		
" 5	6 (n=10)	0 (n=1)			2 (n=10)	0 (n=1)		
U	4 (n=2)	**			0 (n=2)	**		
Entry Mother Track 1	0 (n=2)	0 (n=2)	0 (n=1)	-	2 (n=2)	0 (n=2)	0 (n=1)	-
" 2	0 (n=14)	2 (n=21)	0 (n=4)	0 (n=1)	0 (n=14)	0 (n=21)	5 (n=4)	0 (n=1)
" 3	0 (n=3)	0 (n=3)	- -	- -	0 (n=3)	0 (n=3)	- -	- -
" 4	0 (n=5)	0 (n=6)	0 (n=1)	0 (n=1)	0 (n=5)	0 (n=6)	0 (n=1)	0 (n=1)
U	0 (n=5)	0 (n=5)	- -	0 (n=1)	0 (n=5)	0 (n=5)	- -	0 (n=1)
Other F. Teen Track 5	0 (n=2)	0 (n=2)	- -	- -	0 (n=2)	0 (n=2)	- -	- -
Total	125	84	6	3	125	84	6	3

** One unknown.

Six-Months, One-Year, Two-Year and Three-Year Infant Status

At six-month follow-up, one infant had died (Table 37). The cause was Sudden Infant Death Syndrome. Five infants (five percent) had been admitted to an intensive care unit and three (three percent) had been reported as abused or neglected. Almost all the infants (90 percent) had a regular source of pediatric care and more than half (62 percent) were enrolled in some form of childcare.

At one-year, 90 percent of infants had a regular pediatrician. Slightly more, proportionately, were receiving childcare than at six months follow-up.

The populations at two-year and three-year follow-ups were very small (total n+15). There were no deaths, admissions to intensive care units, or reports of abuse or neglect. Most of the children had a regular pediatrician and most were receiving childcare.

TABLE 37. SIX MONTHS, ONE YEAR, TWO YEARS AND THREE YEARS INFANT STATUS, 1982- 83

	Deaths	ICU*	Abuse	Ped.**	Child Care	Total
6 Months	1 (1%)	5 (5%)	3 (3%)	95 (90%)	65 (62%)	105
1 Year	0	1 (1%)	5 (6%)	70 (90%)	53 (68%)	78
2 Years	0	0	0	9 (90%)	8 (80%)	10
3 Years	0	0	0	3 (60%)	3 (60%)	5

* Admission to an intensive care unit.
** Regular pediatrician or pediatric clinic.

PART II - CLIENT SATISFACTION SURVEY

A survey of 57 teenagers participating in the TAPP project was conducted in order to include the client's perspective in the evaluation. Included in the survey were questions regarding which of many available services were perceived to be the most helpful, information about the frequency of contact the client had with her counselor, if and how that relationship has been helpful, and information about general satisfaction with the services received. It is intended that the results of this survey will be useful to the project administration and staff for purposes of planning, decision-making, or modification of services.

METHODOLOGY AND DESCRIPTION OF CLIENTS

The subjects to be interviewed were randomly selected from a list of all registered clients. Only clients who had been enrolled in the project for at least three months were selected. One hundred-twenty clients were then sent a letter explaining the evaluation and that they would be called to request an interview. The letter guaranteed confidentiality and stated that they were not required to participate, and that their decision would in no way affect their care at TAPP. Of the 120 clients asked to participate, 57 clients or 48 percent were interviewed. Interviews were conducted in person, and by telephone. We considered utilizing both in-person and telephone interviews less likely to bias the results than if we limited the survey to those clients who were motivated enough to appear for an in-person interview. Of the 57 teenagers interviewed, 63 percent were interviewed by telephone, and 37 percent were interviewed in person. The major reason for non-participation was that the client was unreachable, largely due to a disconnected telephone,

a change in address without informing the TAPP program or the post office or an incorrect address (with mail returned) in the TAPP files. Only five percent refused the interview when contacted. Eight percent did not appear for a scheduled interview. Language was not a barrier, as interviews were conducted in Spanish when necessary.

The age range of those interviewed was from 14 years to 20 years of age, with 86 percent of the clients falling within the 16-18 year range. Only 5 clients were under age 16, and only 3 were over age 18. Forty-four (77 percent) were mothers, and 9 clients (16 percent) were currently pregnant at the time of interview. Two had had miscarriages, and one had had a baby who died of sudden infant death syndrome.

The clients interviewed were in all four of the TAPP service tracks:

1) Health care on-site, School on-site (21)
2) Health care on-site, School off-site (9)
3) Health care off-site, School on-site (14)
4) Health care off-site, School off-site or none (13)

Although it would be interesting to measure relative satisfaction of similar clients in alternate service modalities, the number of clients interviewed was not sufficient to relate the responses to the four tracks.

SURVEY RESULTS

School Attendance

Clients were asked if they were currently attending school and why they chose the particular school they were attending. Thirty-six (63 percent of the respondents) reported that they were attending school, and 21 (37 percent)

reported that they were not in school at that time. Of those attending school, four were attending community colleges. Seven (20 percent) of the clients chose the high school they were attending because child care was available there. Four (11 percent) chose the school they attended because of its program for pregnant and parenting teenagers. Other reasons given for choice of school included being close to home, presence of sibling or boyfriend, and availability of independent study program.

Most Helpful Aspects of the Program

The client was asked to specify the part of the TAPP project that she considered to be the most helpful to her, selecting from two lists of four items (eight in all). She was shown (or read) a group of four items consisting of (1) Nutrition counseling, (2) TAPP counselor, (3) Child care arrangements, and (4) Being with other people who are going through the same experience. After she chose one item from this group, she was then shown a second group consisting of (1) Going to the school I attend, (2) Help in getting the services I need, (3) Lamaze childbirth classes, and (4) Learning about parenting and child development. After choosing an item from this group, she was then asked to select one item from the two already chosen as the most helpful part of the program to her. From group 1, the item chosen most frequently (by 35 percent of those interviewed) was "Being with other people who are going through the same experience." From group 2, the item chosen most frequently (by 51 percent of those interviewed) was "Learning about parenting and child development." Out of these two, "Learning about parenting and child development" was identified as the "most helpful" by 25 percent of the clients. "Being with other people who are going through the same experience" was chosen by 18 percent, "TAPP counselor" was chosen by 14 percent, and "Nutrition counseling" by 14 percent.

The reasons given by those who chose "parenting and child development" reflected the teenagers' recognition that they needed to learn how to take care of the baby, and that they did not have much experience with babies and children. Learning about child development enabled them to have more realistic expectations about the child's capabilities at specific ages. A few commented that seeing films about caring for a baby was helpful to them. Some of the clients who selected "Being with other people who are going through the same experience" had felt isolated during their pregnancy before coming into contact with other pregnant teens at TAPP. They benefitted from being able to talk to others, attend group sessions together, and share the same experience. Those who chose "TAPP counselor" felt that they could talk to their counselor freely, that the counselor explained things in an understandable way, and that the counselor was helpful in keeping clients informed about available services for teen parents.

Although nutrition counseling was selected by only 14 percent as "the most helpful," the very good infant birthweights achieved by the teen mothers in this program attest to the success of the nutrition counseling and education that was provided. Those who selected this item reported that they learned how to eat during pregnancy, and what to feed their infant. Many stated that they had been unaware of this information beforehand.

Continuous Counselor

Clients were asked how often they saw their counselor. Twenty-nine (51 percent) responded with "less than once a month," 16 (28 percent) responded with "once a month," 5 (9 percent) with every two weeks, and 7 (12 percent) with every week or more. It should be noted that the majority of those interviewed (77 percent) were already mothers and therefore not being followed

as closely by their counselors as are pregnant teens in the program. For example, of the 29 who responded with "less than once a month," 26 were mothers, and 3 were pregnant.

Clients were then asked if they would like to see their counselor more, less, or just as it was. Thirty-nine (68 percent) responded that the frequency with which they saw their counselor was fine as it was. Thirteen (23 percent) said they would like to see their counselor more often, two clients said they would prefer to see their counselor less, and four had no opinion.

With an aim to learn client perceptions about the most beneficial part of the counselor-client relationship, the client was asked how the counselor had helped the most: (1) someone to talk to when I need it, (2) someone to help me make decisions, (3) someone to make decisions for me, or (4) counselor has not been much help. Twenty-four (or 42 percent) responded with "someone to talk to when I need it," and another 24 (42 percent) responded with "someone to help me make decisions." Only one of those interviewed chose "someone to make decisions for me," and five responded with "counselor has not been much help." This suggests that the counselors have been successful in helping the clients to attain self-sufficiency and that they generally are not forming dependent relationships with their counselors.

Clients were then asked to report the best thing they had learned from their counselor. Thirty-one clients (or 54 percent) chose "how to find services that I need," and 24 (42 percent) chose "how to make the best decision for myself." Those who were interviewed were also asked whether they thought it was better to have a man or a woman counselor. Thirty-four (60 percent) said "a woman," 7 (12 percent) said "a man," and 16 (28 percent) said it made no difference.

Childcare, Job Training

When the clients were asked if they had child care arrangements, 61 percent of those who were already mothers said they did, while 37 percent did not. Five others were on waiting lists. Of those who were pregnant, five said that they had child care arrangements, while four did not. Of the 26 young mothers who did have child care arrangements, 15 utilized day care centers or family day care homes, and the remaining 11 mothers had a family member who was able to take care of the baby. Of the 15 mothers who did not have child care arrangements, 6 were at home taking care of their babies with no interest in child care expressed, and 5 others were at home but having difficulty arranging desired child care. Four were not currently in need of child care but had relatives available should they need someone.

In response to the question "Are you involved in any training or program now that will help you to get a job in the future?", 4 (7 percent) said "yes," and 53 (93 percent) said "no." It is worthy to note that since most of the clients are either 16 or 17 years old and are busy with either school, taking care of their babies, or both, it was not expected that many would be involved in job training programs.

Information about Contraception

Since avoidance of unintended repeat pregnancies is an important goal of teenage pregnancy programs, clients were asked where they felt they had learned most of their information about use of contraception. We also asked if they felt they had enough information about contraception. Thirty-one clients (61 percent) reported that they had enough information, 16 clients (16 percent) said they did not have enough information, and 9 clients (18 percent) said they had more than enough. As to the best source of knowledge, "TAPP

classes" or "TAPP counselor" was reported by 15 of the 51 clients (29 percent) responding to this question. A clinic or health center was mentioned by 11 clients (22 percent); Hilltop, the on-site school, was mentioned by 6 (12 percent); and "school" in general by an additional 2 clients (4 percent). "Friends" was the response of 3 clients, "Mother or Parents" for an additional 2, a doctor's office was reported by 3 clients, a public health nurse by an additional 3 clients, and one client reported that the best source had been articles she read on her own.

Contact with Baby's Father

An objective of the program is to try to involve the father of the baby in the program and in the baby's life. When clients were asked if they had contact with the baby's father, 40 clients (70 percent) said "yes," 15 clients (26 percent) said "no," and the remaining answers were not applicable. When asked if the father was a TAPP client also, 42 clients (74 percent) said "no," and 13 clients (23 percent) said "yes." Those who responded "no" were asked if they would like the father to have more contact with the TAPP program. Forty percent said "no," 23 percent said "yes," and the remaining responses were not applicable. A few of the responses indicated that the client thought her partner was not eligible to participate in the program because he was no longer a teenager. Others said that because their boyfriends worked, they were not available to attend daytime sessions.

Extended Family Contact With Program

Clients were asked if their families had contact with the TAPP counselor, and if so, who in the family had the most contact. Twenty-four (42 percent) of those interviewed reported that their family did have contact with the

counselor, and twenty-nine (51 percent) said that they did not. Of the 24 clients who responded "yes," 18 cited the mother as the family member who was in contact with the counselor. Three clients cited both parents, and others cited grandmother, sister, or mother and sister. When asked if she would like her family to have more contact with her counselor, 41 clients (72 percent) stated "no," and 9 (16 percent) said that they would.

Discussion About Raising Baby and Adoption

Interviewers asked the clients whether the various possibilities for raising the baby, including adoption, were discussed in the TAPP program. Forty clients (70 percent) said that they had been involved in such discussions, and 11 clients (19 percent) said they had not. Other responses were not applicable. Twenty-six clients (46 percent) said that this discussion was helpful to them, while 10 (18 percent) said that it was not. Thirty percent had no response as to whether the discussion was helpful, adding that their decision about the baby was made before entering the program. Some of those who reported that the discussion was helpful stated that they had already decided to raise the baby, but that the discussion was helpful in presenting a clearer idea of "what it is to be a parent."

Best Part of the Program and Suggestions for Improvement

Interviewers asked clients an open-ended question near the end of the interview about what they considered to be the best part about being in the TAPP project. The responses of thirty four clients (60 percent) focused on the following five areas: (1) help in staying in and/or finishing school, (2) having staff to talk to, (3) learning about being a teen mother and child development, (4) being with other pregnant teenagers, and (5) help in getting

needed services. Other less frequent responses were (a) having friends, (b) nutrition, (c) child care, and (d) public health nurse.

Clients were then asked if there was anything that they didn't like at TAPP. The most frequent response to this question by 20 clients (35 percent) was "no," they were happy with the program. Next in frequency by 18 clients (32 percent) came complaints about the quality of the school lunches! Another point of dissatisfaction was the time constraint placed on attendance at the on-site Hilltop school. This school is available for clients during their pregnancy, and they may continue the semester during which they delivered the baby. Some clients would prefer to remain in school there, rather than return to a regular high school after the designated period of time. The educational experience at Hilltop was reported to be a positive one by many clients, with emphasis placed on its small classes, all-female student body, and individual attention.

Each client was asked how she would make TAPP a better program. Food appears once again as the issue clients consider to be in need of improvement. Second in frequency are suggestions to expand the Hilltop school, in order to enable parenting teens to continue there longer. Suggestions were also offered to expand the Hilltop nursery, and for the TAPP program to expand in general, with more space and more counselors, enabling a larger number of to attend. One client recommended that the counselors make more of an effort to see clients after the baby is born. Another suggested that the program provide more services for males and particulary the older father, who may be working full-time and only available for participation in the evening. Overall, there were few suggestions to modify the TAPP program. The teen clients may have been surprised to be given the opportunity to critique a service, but in general they seemed very happy with the TAPP program.

General Satisfaction

Each client was asked to state in an overall, general sense how satisfied she was with the services she had received. The responses were as follows:

Response	Number of Clients	Percent
Very satisfied	28	50%
Mostly satisfied	23	41%
Just a little satisfied	6	9%

Health Behavior During Pregnancy

Interviewers asked clients about their eating, drinking, and smoking habits in order to gain some knowledge about the prevalence of smoking and drinking alcohol among pregnant teens, and also about what resources were helpful in changing these behaviors. Although a small sample of pregnant or parenting teens was included in this survey (57 clients), 22 or nearly 40 percent reported having smoked during their pregnancy. Ten of the 22 stopped smoking at some point during the pregnancy. Those who reduced or stopped smoking stated that they either read or were told about the negative effects on the baby's health. Both Hilltop school and the TAPP counselor seem to have been good sources of knowledge. Some clients stopped smoking when it caused them to feel sick. Only four clients admitted to drinking during the pregnancy. Eight others reported that they had occasional drinks before the pregnancy. Forty-one of the 57 interviewed reported a change in eating habits during the pregnancy. Ten cited the nutrition classes at TAPP as being influential in changing habits, while others mentioned prenatal care as the source. In general, most of those interviewed seemed aware of the importance of eating well, and several reported an attempt to avoid many of the junk foods typically eaten before pregnancy. Again, the impressive birthweights of their infants attest to the success of this aspect of the program.

SUMMARY

A client satisfaction survey of 57 TAPP clients was conducted utilizing both in-person and telephone interviews. A 48 percent response rate was achieved. The main reason that interviews were not conducted was the lack of new address or available phone service. Fifty-two clients (91 percent) of the clients we interviewed were either "mostly" or "very" satisfied with the services that were coordinated with the TAPP program. Since the clients were questioned about specific program aspects and asked to select the features of the program that they considered to have been most helpful to them, the results are useful in demonstrating client perceptions about the strengths of the program as well as providing feedback to the administration and staff about potential changes that could enhance the program's service delivery. Such changes, if possible, would involve expansion of the TAPP program to enable more teens to participate, expansion of both the Hilltop school for pregnant teens and its nursery facilities, and if economically feasible for the program, the expansion of follow-up provided during the months following the baby's birth.

With a larger sample size, a future investigation could compare satisfaction of similar clients in the four different tracks available at TAPP. It could also aid in identifying the needs of young mothers whose contact with the program has decreased since the birth of their babies.

PART III - PROVIDER SATISFACTION SURVEY

A telephone survey of 42 providers who referred clients to the TAPP project was conducted in order to obtain providers' perceptions about both the successes of the project and areas in need of improvement. This sample survey focuses on those issues deemed to be most important based on an initial provider survey conducted one year earlier. Twenty-two (53 percent of the providers interviewed were nurses or midwives; nine (21 percent), school teachers or counselors; five (12 percent), social workers; four (10 percent) program directors; one (2 percent), physician; and one (2 percent), child care worker. Interviews with providers concentrated on coordination of services in the community, TAPP's feedback to providers, outreach to community agencies, and success in meeting the needs of the teen client population. Providers were also asked whether their expectations of the program had been fulfilled and for their recommendations of additional services that the TAPP project could provide for either providers or their clients.

SURVEY RESULTS

Coordination of Services in the Community

Providers were asked if they believed the role of the continuous counselors had been successful in coordinating existing services in the community. Thirty-one providers (74 percent) responded positively, one (2 percent) responded negatively, and ten (24 percent) were unsure. Nearly all of the respondents who were unsure felt they had too little knowledge of TAPP's activities to be able to respond adequately.

Providers were also asked for their suggestions for improving coordination and communication among agencies. Four (10 percent) of those interviewed recommended that a better system was needed to disseminate information to professionals about the availability of TAPP's services. Some

of these providers suggested increasing the number of interagency case conferences as a means of improving communication between agencies. Four (10 percent) thought that more counselors might be needed to adequately handle the present caseload, and a few of those interviewed expressed concern that some of the counselors may not have had the opportunity yet to develop the necessary skills to deal with the complex needs of this high-risk population.

Feedback to Providers and Outreach to Community Agencies

Twenty-seven (64 percent) of the providers were satisfied with the feedback they had received from TAPP, while nine (23 percent) of the respondents were not satisfied. (In this case, feedback refers to learning what had happened to their clients once they had been referred to TAPP.) The remaining five (13 percent of providers were either "somewhat" satisfied, or were unable to comment on the question. Many who were satisfied reported that the feedback form instituted by TAPP following the first year's evaluation was "informative" and "useful." (This is a short form mailed to a referring provider when the client has enrolled in the TAPP program.) Fifteen percent of the respondents reported that the feedback form also increases the visibility of the TAPP project.

When asked whether sufficient outreach to community agencies informing them about TAPP services had taken place, eighteen (44 percent) of the providers responded favorably, while eight (19 percent) felt that more was needed. The remaining 33 percent felt they did not have sufficient knowledge of TAPP's outreach efforts to judge the situation. A few providers suggested that while more outreach is indicated, TAPP's present funding level does not permit this. Among the suggestions offered was that TAPP make greater use of the media in making the public aware of available services. It was also

suggested that TAPP counselors make regular presentations at local high schools where such a program has not yet been instituted.

Fulfillment of Client Needs in Comparison to Other Agencies

Providers were asked to evaluate whether the TAPP project, in comparison to other programs or available services for teenagers in San Francisco, was fulfilling the needs of clients to a greater degree, a lesser degree, or to about the same degree. Twenty-nine (70 percent) of those interviewed reported that TAPP is fulfilling the needs of the teenagers to a greater degree, two (5 percent) said to about the same degree, and the remaining eleven providers (25 percent) were unsure. Some providers observed that TAPP clients seemed to be more satisfied and better followed than clients in other local programs. Some stressed that communication between agencies had increased since the TAPP project was formed, leading to better continuity of care for clients. Other comments were that TAPP has helped to improve communication between teens and their parents; that it provides more comprehensive services than any other program in the area; and that its emphasis on continuation of high school is one of its strong points.

Expectations of the Program

In response to whether their expectations of the program had been fulfilled, 30 (73 percent) said "yes," 5 (12 percent) said "no," and the remaining 6 (15 percent) felt too unfamiliar with the program to respond. A few providers reported that their expectations had more than been fulfilled. One nurse commented, "You can always tell a TAPP parent. They appear to be more confident in caring for their babies than other teen mothers on the floor." Some of those whose expectations had been met reported good working

relationships with TAPP's counselors. Some who expressed dissatisfaction felt that the counselors vary in their effectiveness, and that more attention should be given to the staffing of the project. Another concern related to the caseloads, which are quite large. The suggestion was made to hire more counselors, which would reduce the caseloads and thus benefit both counselors and clients. In general, the view was frequently expressed that TAPP was fulfilling an important community need and has been very successful in the areas of emotional support, health care referrals, and emphasis on education.

Suggestions for Additional Services

Thirty-two (76 percent) of the providers responded to a question asking for suggestions for any additional service that could be provided by the TAPP project. Offered by several providers was the recommendation that more follow-up of teens occur after the time of delivery. A few nurses recommended that a post-partum home visit be made for every client. It was also suggested that continued follow-up could enhance utilization of the teen's chosen family planning method. The need for more publicity and specifically for a brochure on the TAPP project was stressed. This recommendation was made to a greater degree a year ago, but the desire for brochures that could be distributed widely to both agencies and potential clients remains. Other suggestions focused on the need to continue the linkage with other community agencies and provide opportunities for workshops to be conducted at the TAPP site by some of these agencies. Although providers were very pleased with the feedback form implemented by TAPP following the first year's evaluation, some respondents expressed a need for increased feedback. They also were interested in being informed about any changes in the types of services available and personnel working through TAPP. Some providers would like to

see the program devote more attention to preventive services, although they recognize both the time and financial constraints involved. Additional suggestions included: (1) forming teen parent groups in order for teens to have an opportunity to share common experiences; (2) addressing the need for child care and housing to a greater extent; and (3) focusing more on Latin cultures and the particular needs of pregnant or parenting adolescents of Hispanic descent.

SUMMARY AND RECOMMENDATIONS

In summary, providers who refer their clients to the TAPP program are extremely satisfied. When asked if they would recommend this program to other clients, 100 percent of those interviewed said "yes." Providers emphasized the comprehensive approach and TAPP's commitment to school continuation as the greatest strengths of the program.

Feedback to Providers

Based on a recommendation made in the first year's provider satisfaction report, TAPP has implemented a "feedback form" that is sent to a referring provider upon a client's enrollment in the program. Providers reported that the form has been useful to them and that they appreciate knowing that the client did, in fact, enroll in the program. The need remains, however, to inform provider agencies about new programs and services that TAPP has implemented. A periodic update informing providers about the "Fatherhood Project" or a new resource person on the staff would keep the community aware of new developments and maintain open lines of communication. It would also assist these community agencies in utilizing the TAPP program even more effectively.

The development of a brochure describing the program would prove useful in clarifying for the community the range of services coordinated by Tapp. This suggestion, initially made during the first year's survey, was repeated by providers this year. Perhaps an additional small grant could be obtained to fulfill this request.